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APHASIA.*

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Aphasia, the term now most commonly used by medical writers for loss of speech, has lately been the subject of considerable discussion. Though leading men in the profession have contributed to this, thus far the conclusions reached cannot be regarded as settled. Nor is this surprising.

Speech, or the power of expression of ideas—for the term is indirectly made thus inclusive in this relation, by the conditions described as aphasic—is one of the highest human attributes. In our own personal experience it was acquired so easily—we have since been so borne along amid a current of language—that it is not uncommonly thought of as a very simple matter. But in its simplest form it transcends the power of expression of all the animal creation. It is in fact a typical sign of humanity, even then. In its highest manifestation it meets the wants of the most enlightened of the race. By its nature and condition it aids thought; it contains thought, it retains, communicates and inspires thought.

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It may be added that it has so many relations, physiological and psychological, that the loss of it could scarcely be satisfactorily accounted for by a few pathological observations, or a narrow induction from any stand-point.

The general facts presented and the theories advanced by writers upon this topic, are doubtless familiar to the members of this Association. If, therefore, I take occasion to summarize them, it will be for my own use, and not for their instruction.

It will be remembered, then, that a peculiar interest in the subject has grown out of a coincidence remarked in some of the earlier recorded cases; namely, that it occurred quite uniformly in connection with right hemiplegia. The inference was, by these observers, "that the loss of memory of the principal signs of thought was dependent upon lesions of the left anterior lobe of the brain." M. Broca, upon supposed pathological grounds, locates the so-called faculty of articulate language in the posterior part of the third left frontal convolution, which he styles the "convolution of articulate language."

Dr. Hughlings Jackson, of the London Hospital, remarks: "There can be no question that at present the evidence points most strongly to the conclusion, that the faculty of expression resides in the left, and not in the right, hemisphere." This opinion (though stated in more general terms) is based upon the same and similar facts as those furnished by the Continental authorities, and must necessarily be interpreted with the same exclusiveness as to localization.

In the cases of aphasia mentioned by medical writers, a variety of phenomena are witnessed. Speech proper is not only affected, but in most instances other modes of expression, as that of writing, and even the more sim-

ple form, natural signs. Again, the loss of comprehension of language is not commensurate with the loss of power of expressing ideas. In some cases of aphasia the subject is conscious of the failure of expression, in others seemingly not. In some instances there remains the power of imitating articulate sounds to a greater or less degree. In others there is manifested a spontaneous or automatic utterance of words or sentences expressive of strong emotion. This occurs even when there is an inability to repeat them as an act of will.

(The access of aphasia is sometimes gradual and sometimes sudden. In its duration sometimes transient and sometimes lasting.)

Trousseau, in his admirable lecture upon the subject, insists that in aphasia, therefore, "there is not merely loss of speech, but also impairment of the understanding. The patient has lost, simultaneously, in a greater or less degree, *the memory of words, the memory of the acts by means of which words are articulated, and intelligence.*"

We have, then, up to this date, a localization of the faculty of speech in a given portion of one side of the brain, by one set of observers. This involves some difficulties. In the first place, a rigorous compliance with the demands of inductive science makes it necessary for the advocates of this theory to show that aphasia is invariably connected with lesion of the left anterior lobe of the brain; that the converse of this must also be true; namely, that when there is a positive lesion of the lobe of the brain, aphasia, to a greater or less degree, must be one of the symptoms.

Again, the brain, as a whole, has hitherto been considered a symmetrical organ, even by those who regarded it as an assemblage of lesser organs, arranged in pairs with corresponding functions. This whole philosoph-

ical scheme must now be revised to meet the new localization. For if parallel organs of the two sides of the brain have different functions in one case, why not in all? And then the propensities, faculties and feelings, hitherto ascribed to the human mind, must clearly be multiplied by two.

We have, however, another set of observers who stoutly deny the theory of localization with all its consequences. It must be confessed that this view presents some difficulties. Its advocates must explain the seemingly more frequent coincidence between aphasia and lesion of the left side of the brain than otherwise. This Dr. Robertson attempts to do.*

I may add to this brief summary of the points brought out in the discussion of the subject, that Dr. Brown Sequard denies the amnesic theory of Trousseau; holding, as he expresses it, "the deprivation of speech to be a reflex phenomenon"—"that a great variety of symptoms may be produced by a lesion of almost every part of the brain"—"that the loss of speech is usually unaccompanied by any loss of movement in the tongue." "The paralysis, in fact, is a paralysis of the organ of expression of ideas."

While these various questions at issue among the parties to this discussion are still pending, let us turn our attention for a little to a point upon which they all seem to be agreed. And this, it seems to me, is rather underlying and primary. We must first have a clear faculty, before we can locate it on a healthy normal brain. We must have a distinct and definite function, to be disturbed or destroyed by the lesion more or less serious of the organ performing it. These writers all speak of the "faculty of expression of ideas," and of its relation to a corresponding organ.

*See *Journal of Mental Science* for Jan. 1867.

Gall had located the faculty of verbal memory in the anterior lobe of the brain. His followers have made his organ of language take a still wider range. It embraces in their scheme the facility of acquiring language (other languages as well as one's own), the power of retaining it, and fluency of speech. The two sides of the brain, however, share in the somewhat extensive and various duties allotted this portion of cerebral tissue. As has been before remarked, the writers upon aphasia have made this faculty still more inclusive. Can then this power of expression of ideas, in its full extent, with all its inclusiveness and conditions, be embraced within the proper office of a single faculty? Can all the reins of mental phenomena necessary; of perception, memory and volition, and all the instrumentalities put in action, both natural and acquired, mediate and intermediate;—can all these be grasped in the one hand of a subordinate human faculty, and this located in a contracted and one-sided fraction of cerebral structure which it shares with another function of a radically different nature? Surely the modern doctrine of differentiation of function could hardly lead to this.

As bearing upon this question, I propose to notice first, some of the steps in the development of language, and then some of the manifestations of undeveloped or interrupted expression that have fallen under my observation, or within the range of my reading. And here a difficulty meets us. For in considering the subject, from whatever point we start, the relations of this wonderful gift are so numerous and so divergent, that we shall seem, at times, as we progress, to cross and recross the path already trod.

The infant escapes from fœtal life, passes that brief stage of almost vegetative existence that attends the dawn of extra-uterine life, and emerges into a conscious

existence. Impressions, starting from the surface and traveling either by the roundabout way of the nerves of general sensation or the more direct route of special sensation, work their way through the sensorial ganglia to that inner sanctuary where the soul lies sleeping. The slumberer awakens for the first time, awakens as a personality. This is no more marvellous than that daily morning miracle within the consciousness of every one of us. Communication is thus established between the world of relation and the new ego.

A primal attribute of this being is teachableness. Of instinct it is almost destitute. Experience is its schoolmaster. The first voluntary step taken is in the direction of muscular movements. These are at the outset somewhat vague, and upon muscle in the aggregate; then sectional or trunk movements. Experience is accompanied with a growing definiteness of purpose, and gives an increasing discriminativeness and individualizing in the exercise of the muscular system. Think of the range between the vague muscular movements of early infancy, and the wondrous dexterity of an accomplished pianist.

An analogous process and progress takes place in the exercise of the functions of sight and hearing, as well as in general sensation, till it ripens into perception.

Then appears the imitative faculty prompting the repetition of the movements seen, and the sounds made by others. Then the appreciation of the use and fitness of these as a means of expression.

After these comes memory—the memory of signs and sounds—the memory of the necessary nisus and co-ordinations to reproduce those signs and sounds. Later still is the comprehension of the idea of speech proper, and the memory of words and their meanings, and the

memory of the necessary volitions to produce appropriate and meaning utterance.

When the education is carried still further, the power is acquired of representing ideas in a visible form by the written character, involving a still further exercise of memory, volition, co-ordinating influence and muscular movement.

The power of human expression then is multiform, leaving out of question that kind of instinctive and responsive expression that the young infant shares with the higher orders of animals. We may notice those forms of expression that are specifically human.

The signs and sounds that express the feelings, or serve as a medium of communication in the case of animals, are vague and scanty.* Not so the first language of childhood. How great is the child's power of expressing its wants and wishes before speech comes. Its physique becomes transparent to a careful observer, enabling him to follow the very processes of thought. Doubt and questioning will cloud a little face, while an idea comprehended or a thought begotten will light it up. Then there is a whole armory of expression by signs innumerable, before articulation is attained or even reached after. It furnishes weapons of inquiry as to what and how, and when and where; of distinction of time and place, of personality and circumstance.

And a point to which attention should be called is this; each one of these is worked out experimentally, its use learned, and then repeated till it becomes spontaneous and automatic.

The time comes, with advancing months, when experiments prompted by the imitative faculty and based upon a dawning appreciation of distinctions of vocal sounds

*Felton's Greece, Vol. 1st, Chapter 1st, Origin of Language.

(other than those of tone) are begun. The inarticulate sounds emanating from the larynx are interrupted in their progress outward by motions of the lips and tongue. In these preliminary efforts the resulting sounds are either simple prolonged sounds or repetitions of syllables. The necessary movements of these upper vocal organs are at last individualized and brought under the complete control of the will, and then the sounds made are elementary and syllabic. During this gradual process of acquisition of what may be termed a second language, the grasp of the first is not surrendered. The two are used conjointly in varying proportions till the second is fully mastered.

Nor is the first language ever entirely relinquished. There are differences in the relative use of these two modes of expression, both in the individual and in races. These depend upon the strength of the emotional nature, upon the degree of civilization, and upon habit.*

Viewing this perfected speech physiologically, we have a complicated vocal apparatus, supplied by voluntary nerves acting independently at first, but at last so trained and skillfully co-ordinated by experiment and use that the individual in using it is conscious only of the primitive volition.

Let me reiterate; this co-ordination is not instinctive, but the result of training. No articulate language, however promptly responsive to sensation or emotion, is in any sense instinctive or sensori-motor or anything but strictly volitional, in view of an intelligent appreciation of the circumstance that called it out.

Let me now review hastily the order of development of the power of expressing ideas.

* For some very interesting remarks upon gesture-language, see Taylor's "Early History of Mankind."

Purely instinctive cries, and vague and purposeless motions, marking only sensitiveness and inborn activity. These pass into expressive cries and voluntary motions, as sensation becomes defined and physical acts are brought within the range of consciousness. In time, through the agency of special sensation, new relations are perceived and established. Curiosity and imitation are awakened. Voluntary expression, in its first form, by habitual use passes into its automatic stage.

Then comes speech proper; in itself more difficult, for the apparatus is more complicated, but still practicable because of the experience acquired in mastering the former. This new acquirement assumes an automatic form.

We may follow expression, for analogy's sake and because of the range of aphasia, into that mode where conventional signs visible to the eye are made the substitute of vocal utterance.

Think of this mode of recording and communicating ideas! It is acquired by slow degrees as a correlative of reading. The eye takes the place of the ear, and the hand of the vocal organs. It involves a constant and double process of translation; idea into word, and this into character. The muscular movements necessary are trained and co-ordinated with similar pains-taking. At last, such facility is reached in all its processes that one's thoughts seem to flow from the pen. The letters apparently form themselves. Words spell themselves as if their elements possessed uncontrollable affinities. In some cases—if one may so express it—this occurs persistently where a new orthography has declared a divorce of the old alliances.

We are now prepared to understand the comprehensiveness and variety of the so-called faculty of the expression of ideas. We have the idea of language with

all its antecedents, the purpose to use it, and the necessary nisus or effort to accomplish this. We have memory, based upon sense-perceptions or upon logical or accidental association (retentiveness of ideas, of sensations, of words), and a memory of the movements necessary to reproduce words. We have imitation. We have the free flow of nervous influence—complete co-ordination—flexible vocal organs, and active senses to watch the complex process.

Besides this, we have underneath this peculiar form and above it those supplementary modes of expression, equally inclusive, the development of which I have already traced.

With these preliminary observations upon the growth of the power of expression, I now proceed to notice some of the cases of complete or partial absence of it that have fallen under my observation during an experience of some twenty years, in an institution designed for the education of idiots.

One of the most common features of idiocy is a defect in this respect. In fact, perhaps the best single test of the degree of idiocy in any case is in the comprehension and use of language. The failure to understand and appreciate language depends upon the want of perception and intelligence. The inability to use language, upon the want of power to set in motion and control the complicated instrumentalities necessary to expression, or an indisposition to make the effort.

In the case of persons who have once been in full possession of the power of expression, there may be aphasia without structural change. But in my field of observation, structural defect or structural change may ordinarily be predicated.

In a paper by Dr. Alex. Robertson upon aphasia, in the January number of the *Journal of Mental Science*,

he remarks: "Aphasia is certainly rare in insanity." He is attempting to show that the essential morbid change is motor not mental, and this statement is made in connection with another to this effect. "So far as I can find, in no case has disease been found in the gray substance alone." It may be said of this last, that no more weight should be attached to it than is accorded generally to mere negative testimony. Of the former statement it may be remarked, complete aphasia may be uncommon in insanity, though on *a priori* grounds one might question it, for the absence of speech might be predicated in three forms, to say the least: In cases of dementia, where the requisite intelligence is wanting to enable speech. When there is a resolute and continuous determination not to speak on the part of the patient; in time resulting in inability. When there exists a delusion on the part of the patient, sufficiently strong that he cannot speak. "As he thinks, so is he."

The impaired or modified exercise of the power of expression is certainly a not unfrequent occurrence in insanity.*

In tracing the cause of a want of comprehension of language to its physiological source, we find two conditions upon which it may depend:

* I had purposed presenting some cases illustrative of this general fact, but it might seem presumptuous in me in addressing a body of gentlemen more immediately conversant with this part of the subject than myself, and I, furthermore, called to mind a chapter on the morbid phenomena of speech in Forbes Winslow's book on the Brain and Mind, which is doubtless familiar to all of you. The chapter in question presents numerous examples, showing the wide range that affections of speech and expression take; and also, it seems to me, that the various forms of expression are interrupted and deranged by the influence of other than mere structural changes.

1st. Some affection, organic or functional, of the gray substance of the brain.

2d. A similar affection of some portion of the nervous tissue which should conduct the manifold impressions made upon it, and thus furnish the natural stimulus of the action of the former.

So in tracing the cause of an inability of expression, we may find the difficulty existing either in the gray cerebral substance, where the first link in the chain of material instrumentalities begins; or again, in the conducting fibres of the nervous system, that should co-ordinate and operate the vocal organs, or finally, in the imperfection of the vocal organs themselves.

I may here remark, that in the exercise of this power of expression in any form, or in its development, there is no evidence that any impulse from without calculated to produce this end ever stops short of the nervous seat of consciousness in originating expression. In other manifestations of human life one may witness reflex and instinctive acts—in expression never. I mention this because some writers on aphasia have seemed to suppose that certain expressions of an emotional kind were in their nature instinctive.

I have had under my immediate care and observation 443 idiots, of a greater or less degree of mental deficiency, embracing a very wide range of endowment. The average age on reception was about twelve.

Of these, 121 were entirely mute; could or did not utter a single word: 64 who could say only a word or two: 163 in whose case there was imperfect speech: 95 are described in our register as able to speak. In these last cases the ability to speak is commensurate, in some degree, with the intelligence. But in a large proportion of these even, there was great backwardness in learning to speak.

A large proportion of the cases submitted to my care were congenital cases; perhaps 75 per cent. The remainder had their faculties impaired by disease in infancy or early childhood. In these latter, when there has been loss of speech it has occurred in some instances gradually, but more commonly instantly. Intelligence and speech or expression have certainly not always gone with an equal step.

There have been among the number but a few cases of paralysis. Nor have I noticed any connection between paralysis of either side and defective speech, except when the vocal organs were actually paralyzed. In fact the most improvable subjects have been among these. There have been cases of congenital chorea. A few partially or totally deaf. When partial deafness and idiocy exist in the same case, there seems to be quite a disuse of the organ of hearing, and of course mutism is the result, as in the case of entire deafness. It may be said of this, as of the physical causes of mutism generally, that a much less affection will prevent the development of speech, than would interrupt it after it was once acquired. Habit alone would make a difference. In the one case it is co-operative, and in the other counteractive.

To my surprise there have been very few cases of stammering.

Idiots, with reference to the power of expression, may be arranged under some general heads:

Those who from the absence of intelligence fail to comprehend language or any mode of communication, and who of course, therefore, are unable to give any expression to their simplest wants or feelings.

Those who appreciate to a certain degree the natural language of affection, its gentle tones and caresses, and who measurably respond to this.

Those who discriminate sufficiently through the eye and ear to get the first idea of communication by signs and sounds, following the direction of gesture, obeying simple commands by sign, and recognizing their own names.

Those who imitate some articulate sounds.

Those who can say a word or two, generally accompanied by appropriate gesture.

Those who can utter brief sentences. Two varieties are witnessed in this class. In the one the child will repeat the sentence after having heard it, but without having the power or disposition to originate it. In the other, he spontaneously utters it, when occasion calls, at play or otherwise, but is entirely unable to say it when told, or to repeat it after another. If the effort is made to have him repeat three consecutive words, for example, he repeats only the last, and perhaps fails in that.

Those who comprehend language to a considerable degree, but who refuse to try to speak. In some of these cases they seem not to know that they have any vocal organs. In others it seemingly arises solely from the want of the necessary will. In others the will avails to the extent of copying the motions of the lips and tongue, and faintly the sounds, but not as a word. This occurs even when the word pronounced by another is comprehended. In the presence of the word itself—if I may so express it—he in some measure copies it (I do not say repeats it), and yet fails to see in his own copy the idea it contains.

Those who attempt to speak, but who precede the utterance by some sign expressive of the word, as an aid to their memory of the necessary co-ordination to produce the sound. The steps of the process in this case are the idea, the sign, the memory of the word, and then

the attempt at the co-ordination of the articulating organs.

And finally, comprehension of language with defect in the vocal organs sufficient to impede utterance, but not to prevent it after proper training.

In these last classes there is a general tendency to cultivate other forms of expression to compensate for the failure of speech. This last demands such an effort of the will both in attention, and in co-ordination, that the pupil shrinks from it. He is discouraged too by the partial failure of his attempts, and reverts to the simpler form of expression that he has mastered. It will be observed that the relation between the idea and the natural sign is closer than between the idea and the spoken word, which is conventional. The written sign, when introduced to such an one, serves as an intermediate step between the natural and the articulate expression. With the normal child the written form, of course, follows speech in order.

Case 1. A girl of eight years old; tall, slender, and with regular features. There were few if any external impressions that would produce reflex motion in her. One could prick her with a pin, and there would be no withdrawal of the part suffering; she would simply scream, and throw out her limbs in vague and purposeless movements. She would allow the ball of her eye to be touched without winking or betraying any consciousness of the finger, or any effort of the will to avoid the infliction. There was no definite sensation of light.

She did not stand or sit alone, or manifest any fear of falling. She did not hold anything in her hand. She could not be fed except by placing the food within the reach of the organs of deglutition.

She did not use her ears sufficiently to distinguish tones of affection from tones of anger. She did not notice the direction of sounds.

Shortly before she was brought to the Asylum she surprised her family by humming a part of an air, frequently performed in her hearing on a piano. This was regarded as an evidence of great improvement. She never had noticed any articulate sounds, and never made any effort to produce them. She never noticed or attempted to use any other form of expression. The organs necessary to either were not in the least under the control of her will.

She died some fifteen months after she came to the Asylum, from typhoid fever. There was no opportunity for a *post-mortem* examination.

It will be seen from this description that there was no open communication with her brain from without. There could, therefore, be no imitation. There was no responsive or intuitive exercise of will to produce articulate sounds. There was no power to execute the volition, if it had existed. This was true not only of speech, but of all expression.

She learned to use her eyes and ears, to walk, to know her name when called, and to obey a few simple commands.

Case No. 2. A boy of eleven years old—could walk, having learned this before the access of the convulsions that caused his idiocy. There were but two or three objects that he ever held in his hand, or attempted to grasp. He would take food in his hand, and carry it to his mouth. Tormented with a perpetual thirst, he would carry a cup of water to his lips, dropping the cup as soon as it was emptied. Dropping scarcely expresses it—his grasp relaxed and the cup fell. His only plaything was a bunch of strings that he shook before his eyes, intercepting the light. The organs of sight and hearing were perfect; but he used the former only in relation to food and the single play-thing referred to:

the latter never, that I could discover, though experiments were made upon him with guns, and all sorts of surprises in the way of sounds. There was no perception of articulate sounds—no imitation, and no attempt to utter them.

As in the former case, the nerves of relation and of special sensation were at fault. The nervous centres originated no action. The radiant nerves transmitted no co-ordinating influence. The dormant mind knew no language, remembered no language, and attempted none.

But, in distinction from the former, there was in this case a marked enjoyment in being fondled, in being held in the lap. He would in return, rub his cheeks against his mother's cheek, and put his arm around her, and he had been taught to put his lips to hers, though without any effort to kiss with them. In other words, he understood and could respond to, in some slight degree, the natural language of affection.

Case No. 3. A boy of nearly five years old—healthy in infancy, during which he learned to walk and talk in the usual manner. At three years old, began to have convulsions at intervals, depending apparently upon a dropsical effusion in the brain. The head expanded rapidly, and the temporal veins were much enlarged. Under the influence of these attacks, his mental faculties were gradually impaired. His speech continued in some degree, as also the power of expression by signs. Some six months before he came under my care he had a severe convulsion, which ended the series. His intelligence was not more affected by this than the preceding ones, but the connection between the brain and the vocal organs was entirely severed. He did not comprehend language, though his hearing was unimpaired, and he was quite appreciative of musical sounds. He spoke no longer: there was no automatic action in that direc-

tion; there was no accidental utterance of articulate sounds. He soon grew lively and playful, and when thus engaged looked quite intelligent. He responded to the advances of his brothers and sisters when they frolicked with him. But he did not seem to know that he had vocal organs. He grew imitative, even learning to hum several airs, but never attempted articulate sounds. This state continued for a year or more, though he was learning rapidly in other directions. At last he attempted to whistle. He was encouraged in it, and slowly, and with patient efforts in exercises in articulation, in connection with musical sounds, he was brought to speak. The severed connection was restored. He learned not only to speak, but to read and write. The loss of speech and intelligence, and the progressive steps in the recovery of both, were not synchronous.

Case No. 4. A girl of five years old. At about two years old had hydrophobia with convulsions. Animation was suspended, and to all appearance she was dead. At the end of half an hour she revived, but with returning spasms. These continued some twenty-four hours, when it was found that she had forgotten every thing previously acquired. She was as ignorant and helpless as a new-born infant, though previously she had been rather precocious, walking well and talking quite distinctly. In a few weeks, she gained strength and the ability to walk, and then walked incessantly during the day for five months, disregarding everything. She continued to have occasional spasms from fear, at the sight of a dog or cat. She remained in this condition for fifteen months, not recognizing her own parents, ignorant of her own name, and utterly incapable of imitating anything. At this time, a change of medical treatment had the effect to make her more quiet by day, and laid the foundation for improvement in other respects.

When placed in my hands she was the picture of robust health, with a wonderful activity and fearlessness. She had a great imitative faculty—would make the motions required with her lips and tongue; would make sounds, but had no power to combine the action of the larynx and articulating organs. I had had but little experience then, and I find that I called it paralysis of the vocal organs. It was a want of co-ordinating power. She began to learn to speak only after a long preliminary training, all pointing to this faculty. In fact, reading came before or in advance of speech. In our course of instruction words precede letters. She learned to distinguish many of these. The teacher would show her a word. She promptly pointed to the object, or made an adequate sign, or imitated the action. The teacher looked inquiringly still. She recalled mentally the spoken word—she attempted its utterance and, after several efforts, perhaps succeeded. It was a forced utterance, not spontaneous, natural or vernacular. This girl did not have continuous treatment, and at the age of puberty became an epileptic, and manifested some evidences of insanity. She however learned to speak many words and short sentences, but always failed in co-ordinating power.

In connection with the cases already described, a word or two may be said of the means taken to obviate these incapacities in the way of expression. These should obviously be directed to the very point of interruption, when this can be determined. The avenues to the brain and mind must be opened. Perceptions of sight and sound must be forced through the obstructed channels. The will must be brought into exercise. The pupil must be made to comprehend language, commands accompanied with gestures, the names of various objects. Then may follow exercises in imitation of muscular move-

ments, very palpable at first; then exercises in individualizing and co-ordinating muscular movements. At last attention is directed to the vocal organs, and similar exercises are continued to individualize and co-ordinate these. Then the imitation of simple sounds—simple articulations—words of easy utterance. In time the machinery of expression is so perfected that it only awaits the spontaneousness of the pupil to set it in motion. And speech comes, though perhaps in a halting way.

A case or two will illustrate the form of this hesitation. During this whole course of training, the teacher in his attempts to communicate with the pupil is compelled to use that form of expression which is best comprehended by the pupil. Now it is gesture alone, now a combination of speech with gesture, and finally the voice alone suffices as a means of communication.

Case No. 5. A stout boy of thirteen years old, large head, but with rather a singular face, from a projecting forehead. He attempted to speak only a word or two, and these only his father could understand. In making these his face was contorted. He had been kept, to prevent his being in mischief, in his father's work-shop, and there had learned to understand any simple language addressed to him. His mental operations were very slow. He could not count nor distinguish colors by name, though he had quite a practical eye for forms. He used his eyes more than his ears. I should have observed that he did not make an effort to speak till nine years old, though he used a quite expressive pantomime. We applied the usual means of training, modified to meet his case by special exercises to make him think quickly. He was attentive, and made great efforts to follow the exercises in articulation. His reading was in advance of his speech. He picked up the deaf and dumb alphabet from some

of the other boys, and when reading he often was compelled to spell it on his hands before he could give it utterance. So when a question was asked him, he would often reply with a sign; then followed the memory of the word, which he would proceed to spell on his fingers; and by that time he was ready to give it a lame utterance. This boy learned to read and write, and speak quite distinctly. His utterance was always deliberate, and in case of difficult words one who knew him could always trace the steps in the process from idea to utterance.

Case No. 6. A boy of eight years old—good looking and well formed—idiocy supervening in infancy. He looked intelligent, was very gentle and obedient. He understood any simple language addressed to him or spoken in his hearing. His mother, when asked, said that he talked. On examination, however, it was found that he simply repeated the sentences he heard, or the question spoken, originating nothing in the form of speech, under any circumstances. This he did evidently understanding the meaning of the language repeated. If a question were asked him the meaning of which he knew, and the answer to which he should know, he only repeated the question as it was given him. The teacher would reply, "say yes," or "say no," or whatever the answer should be. He at once repeated the whole, "say yes," or "say no." The control over his vocal organs was complete. He spoke quite distinctly, and with appropriate emphasis. He was quite intelligent in comprehending what was said to him, and in increasing the range of his comprehension of language. He soon began to learn rapidly the exercises given him, but the power or disposition to originate speech, even within the range of his wants or his affections, was wanting. He was an only child and tenderly cared for at home, and

the change to the institution was keenly felt. If one said in his hearing, "Do you want to go home?" he would repeat the question in a tone that betrayed his feeling, but he did not say of his own impulse even the word home. The failure in the power of speech seemed to be in the absence of the proper volition.

In this case, the defect was overcome at last through reading exercises, and he now speaks spontaneously. Not long since, a favorite companion who had a habit of removing his boots in school-hours, was called to account for this by the teacher in his hearing. She said to the boy, "I told you that if you took off your boot again, I should have to punish you." He interposed at once, addressing the teacher, "You said if he pulled off his boots; he has pulled off his shoes this time."

Case No. 7. A boy of thirteen years old, idiocy resulting from convulsions in infancy. He was good-looking, and quite gentlemanly in his appearance and deportment, but very nervous and restless. He understood any ordinary commands, and used an expressive pantomime, supplemented by a few single words uttered rapidly. This came only at 11 or 12 years old. When animated he looked quite intelligent. There was great quickness of perception in this case, and great imitation. In the play-ground, or in the school-room, when excited, he would utter brief sentences, quite distinctly. If asked to repeat two or three words he would say only the last, —thus, "my ball," "*ball*," "this book," "*book*." His memory would not go back of the last word in his attempt at repetition; and this in case of short sentences that he was in the habit of uttering spontaneously. The will had control over his speech only when under the stimulus of emotion.

Patient and varied efforts were brought to bear upon him to bring the power of utterance under the control

of his intelligence. The road at last was found, and he improved greatly, though never acquiring continuous speech. The teacher would repeat the consecutive words to be imitated in the most earnest manner, suiting tone and manner and gesture to the word, till the boy, borne along by a sympathy with the feeling that seemingly prompted the utterance, unconsciously uttered the desired sentence. He frequently amused himself by writing on a slate. At such times he would sometimes say, "Me write a letter?" and permission being given, he would cover his slate with written characters, and then bring it for inspection. A little distance off it had all the appearance of ordinary writing. There was a proper mingling of long and short words. There was a frequent recurrence of what seemed to be *and*, *the*, *is*, *say*, &c. There was an imitation of the elementary forms of the letters. And yet in the whole of it not a single word or letter as such.

Case No. 8. A boy of eight years old, active, good-natured and playful. He knew his name, understood some simple language addressed to him, but made no effort to speak. His countenance was quite expressive of his general wants and feelings, and of his comprehension of what was said to him, but he did not use any variety of pantomimic signs. In his new home he learned to distinguish forms and colors, to take part in simple gymnastic exercises, to notice pictures, to imitate elementary sounds, to speak some names of objects easily pronounced, and to recognize these when printed on cards. If he is asked to point to boy, hand, eye, dumb-bell, &c., he does this correctly and readily. If shown a printed word he knows at once what it represents, and points to the object, but his memory seems at fault as to the name, till it is pronounced in his hearing. Then he repeats it without difficulty. It is the memory of the

words, and not the memory of the acts by which the words are articulated, which fails him.

Case No. 9. A girl of ten years old, with slight deafness, and some choreic motions. She did not notice sounds unless very loud, or unless her attention was first attracted in some other way. With this peculiarity she of course had a very limited comprehension of language, unless accompanied by gestures or signs. She tried to say but a few words, and these were pronounced quite indistinctly, and with the same want of modulation and timidity of utterance commonly noticed in those who become deaf in early life. She did not use her ears, and so failed to appreciate the function of speech as a means of communication. There was therefore no disposition to make the effort to speak.

It was only necessary in this case to teach her to listen. This was done, and she now speaks and reads distinctly; hears and comprehends what is said to her. She reads quite well in the elementary reading-books of the school-room, and she comprehends the meaning of the printed page, not *directly* through the medium of the eye, as in the case of deaf-mutes, but *indirectly* as the printed words are the signs of spoken words, of which she knows the meaning. She can and does talk connectedly and sensibly upon matters within the range of her intelligence and knowledge.

Case No. 10. A boy of eight years old—tall of his age and good-looking, but with a few scars on his neck from scrofulous disease. He was partially deaf. The apparent deafness was increased by a disuse of the sense which has been noticed in the previous case, a deafness in the perceptive ear. Thus the ordinary sounds of common life, full of meaning to the natural ear, made a faint impression upon his organ of hearing, and through some defect in the brain itself, or in the nerves communicating

between the ear and the brain, he had not learned to interpret those sounds into a living language.

He spoke but a few words, and these he had learned by imitating the motions of the lips of others. He was thus practically a deaf-mute.

The efforts of instruction were directed not to communicating with him through the eye, substituting that channel of ideas for the obstructed one through the ear, but to removing the obstructions in the latter. He was exposed to the influence of a variety of sounds which were loud and distinct. His attention was called to the organ of hearing in every possible way. His eye was made to help the ear in the process of tuition, by, as it were, following the sounds from the lips (the explosive labials) till they reached the ear, and by connecting with language appropriate gestures.

Simultaneously with these exercises, the effort was made to improve his speech by a vocal drill in imitating motions of the lips, imitating elementary sounds, cultivating the power to make the co-ordinations necessary to speech. The word-method of teaching reading in use in the Asylum could be followed at the same time, in the case, by selecting words at the outset that were easily pronounced, and which made a decided impression upon the ear when uttered.

He learned to hear and talk, and is now learning a trade, where he communicates with his companions by the ordinary methods.

In enumerating the general forms under which the defects of expression might range themselves, as seen in my experience, I mentioned but a portion of them. The fact is, every idiot is, so to speak, an exception to general laws, and when attempting to classify him in relation to any particular he is found to transcend class limits at

some point or other. A careful study of almost every one of these anomalous cases presents some point of interest. Thus I have seen a case of retentiveness of memory of minute particulars occurring in daily life, that seemed to exceed the scope of that faculty. I may properly here describe a case that seems anomalous as related to language.

A multitude of relations are appreciated before the power of comprehending or using the proper expression of those relations is acquired. The case I am now about to describe will furnish an illustration of this last point.

It is a common saying, that language is a means as well as the instrument of thought. This is unquestionably true of continuous trains of thought. But in childhood, before language is acquired, some degree of thought is common, even to the extent of what Dr. Robertson calls syllogistic reasoning. Some of the first lessons of experience are acquired before any comprehension of language even. The truth expressed in the proverb, "The burnt child dreads the fire," is thus mastered long before the lesson could be inculcated by any other method than experience.

A boy of ten years old, in whom idiocy supervened after some disease of infancy. He comprehended language in some degree—would obey a few simple commands, and in time learned the names of a few familiar objects, which he would hand one when asked to do so.

Relations of numbers, it may be observed, are supposed more than any others to require some exponent palpable to the eye or ear. Marcel, in his work on language, upon this point remarks, "that ideas of number beyond six or seven, are impossible without names or exponents." The boy of whom I now speak was being taught the first idea of number; our custom is to begin this before the names of the numbers are imparted. He

was taught to string black and white beads alternately, then in pairs, and so on up to fours and fives, where the exercise is dropped, to be resumed again when the names of numbers have been learned. He, however, had fallen into the hands of a new teacher, who not understanding the matter had continued the exercise. I found him one day, to my surprise, stringing thirty-five black and white beads alternately. I found, on still further examination, that up to this point it was only necessary to indicate any number, by first placing them on the string, and then he would continue to alternate the required number without mistake.

My first thought was, in the absence of the power of counting he was enabled to do this by measuring on his string the alternate distances accurately. I found, however, that, owing to a marked difference in the size of the beads, these did not correspond at all. I have no explanation to offer for this mental operation, but it seems to me that number was comprehended to the extent mentioned, without language.

In ordinary persons, language is used invariably in mental processes, I doubt not, even stopping short only of the actual utterance, and including the necessary co-ordination to produce it. However, is it certain that when this power fails, or memory of language, as in certain cases of aphasia, thought must on the instant cease?

I have thus noted a few cases in the different stages of development in the power of expression. Substantially the same features may be seen by watching the growth of any normal child. In the case of idiots the development is so much more gradual, is attended with so many more difficulties, that the steps of the process can be more distinctly marked, and more thoroughly comprehended. I have attempted to bring out, incidentally, the fact that this power of expression is the result

of long-continued and varied training and exercise. In the case of idiots it is through the direct and positive labors of the teacher to that end, because in these cases there is a failure (as one of the conditions of idiocy) in the natural out-reach towards this acquirement. In ordinary childhood there is the capacity, the intuition, the craving and the aptitude for every form of expression, in its true order and relations, and an inborn curiosity; and imitation and surrounding circumstances lead these to their end.

This power of expression, then, it seems to me, is not a simple function exercised invariably in connection with a healthy organ. Nor is it a complex function, dependent upon the normal play of a series of organs. It lacks the prime conditions that attach to function.

It is a divine gift; typical in the race, because possible only when associated with those various other human endowments, in connection with which it grows, and with which in life it is so inseparably interwoven and related; and without which it is not. It is prophetic in its capacities, awaiting the development of the individual or the race that needs its ministrations; ever ready for any emergency of want or wish, thought, emotion or aspiration.

But to return, in closing, to the causes that interrupt or interfere with its exercise. Here is an indwelling spirit, as much an entity as the organization through which it is developed, and by which it manifests itself. Can this spirit, possessed of the power of expressing itself in various ways, through instinct, through intuition, and through education,—a power involving in its exercise so many instrumentalities and agencies, and modified by a thousand immaterial influences; can this spirit be deprived of all, or a part of these, invariably, by a physical change in a single link in the chain of mere instrumentalities?

ON PROVISION FOR THE CHRONIC INSANE POOR.

BY DR. JOHN B. CHAPIN, BRIGHAM HALL, CANANDAIGUA, N. Y.

At the last meeting of this Association, it devoted a considerable portion of its session to the discussion of a paper presented by my professional associate, Dr. Cook. This article, inspired by an effort to defend, and correct erroneous impressions regarding recent movements made in behalf of the insane poor, of the State of New York more particularly, announced certain principles which might have a wider application. Notwithstanding the unanimity with which the members of this body agreed upon certain resolutions as the embodiment of their opinions, it is hoped that the writer, in presenting this subject at the present time, will not be considered lacking in deference to its expressed views. It is its peculiar province, constituted as it is, largely, of gentlemen occupying official positions, and holding legal relations to the insane of their respective States, to discuss a question of social science, having an important bearing upon the well-being of a large number of our fellow-men. The opinions of its members will be sought on all questions pertaining to the economic disposition of the insane poor, and the architectural details necessary for their proper care; but they will be respected and adopted, according as they commend themselves to the intelligence and common sense of those who are called upon to act in a legislative or executive capacity.

The opinions of men, however, change with the ever-varying circumstances by which they are surrounded. This fact we observe in the political world. The mutations in the practice of medicine can not have escaped

our attention. We need not point out the marked changes that have taken place in the care and treatment of the insane within the present century, with which you are familiar. These changes have not pertained solely to the medical treatment of insanity, but have embraced the architectural arrangements of buildings for their care. What this Association thought proper at one period to regard as the maximum number to be treated in an hospital, it deemed expedient to alter last year. As it is a maxim that a legislative body, while it aims to adjust the changing relations which a higher or more active civilization induces, can not bind its successor to its acts, so it may be questionable whether this body can wisely do more than endeavor to conform its principles to the wants of the present. The attempt to lay down rules for the guidance of those who come after us, may meet the same fate as would have attended the effort of our ancestors to hand down their "chains," "composing chairs," and "baths of surprise," with their accompanying architectural fixtures, by formal propositions to their successors. Any attempt to fetter inquiry by similar enunciations is equally repugnant to that freedom of opinion which characterizes the present age; would paralyze all progress, and make us the blind adherents to the past.

Undoubtedly, the first provision for the insane in any State should be made for the recent cases. They present the greatest probability of recovery, and have the strongest claims upon our sympathies. It has been the history of the large proportion of the early efforts to establish new institutions for the insane in this country, that appeals have first been made to the legislative branch, based upon "memorials," or through "reports," which, invariably, represent the necessity of improving the condition of the insane confined at the time

in poor-houses, jails, and out-buildings. During the last winter a report of a commission appointed to locate a new hospital for the insane in the State of New York, represented to the legislature the sufferings and privations of the insane poor in the alms-houses, based upon statements in a report upon the same subject by the late Dr. Willard. No question has arisen as to the unfitness of these places for the care of the insane, or as to the condition of the persons confined there. It is deplorable in the extreme, and we hesitate to touch the wretched subject, because the solution of the questions growing out of it is not clear at the present time, and demands the most careful examination. But, it has happened in the State of New York, as it has doubtless occurred elsewhere, that when the legislature, actuated by its philanthropic impulses, has created the asylum asked for, it has found that when it is organized, it is not purposed to provide for a single one of that class whose sufferings had formed the burden of "memorials" and "petitions." It comes to appear that there was no intention of doing anything with this class, aside from making it subserve a temporary purpose. To serve a theory rather than accomplish results, it is announced that "hospitals for the *cure* and prompt treatment of insanity in its incipient stage afford the only solution of the question of lunacy provision, by arresting the constantly increasing stream of chronic lunacy." Hence the new establishment is for the benefit of a class of cases not yet in existence, the recent cases, leaving the insane in the poor-houses where they were found, with a provision in the law giving to the physician in charge the power of adding yearly to the population of these receptacles, by discharging patients with "the stigma of incurability upon them." This we are to understand is the hospital system, supplemented of necessity by alms-

houses, as presented to us in New York; and we are told by high and respected authority that "the action of the legislatures of New York and Connecticut seems to have settled conclusively that our American state institutions are hereafter to be curative ones." The editor of the JOURNAL OF INSANITY proceeds to call the attention of "communities" and "legislatures" "to the pressing duty of the moment." "This duty consists in the establishment of more hospitals for the *cure* of insanity, and not in the construction of great reservoirs of chronic lunacy, 'chronic pauper insane asylums,' 'hamlet homes,' cottages, or other conceits of medical dilettanti, ignorant of the real life of the insane." In this connection it is important to notice a statement that has been made, foreshadowing what may be hoped for under the system it is proposed to initiate. It has been stated by an eminent medical authority, that "in a perfect state of things, where the best appliances which the science and skill of the age have provided for healing, are offered to the lunatics in as early a stage of their malady as they are to those who are attacked with fever or dysentery, probably eighty, possibly ninety per cent. would be restored." In a perfect state of things undoubtedly our occupation would be gone; inasmuch, however, as we are not told what appliances, science and skill are necessary to such results, we are at a loss to perceive what advantage is to accrue to the profession, or to community, by gilding public reports with such extravagant expectations, other than to aid the legislative digestion of the subject. It is not believed any institution in this country has ever attained such results, or will ever reach them. Dr. Richard I. Dunglison collected the reported result of 58,607 cases, admitted into thirty-three hospitals of this country, of which number 42.5 per cent. recovered; while of 22,000

cases, treated in the best English and French hospitals, thirty-nine per cent. recovered. The percentage of cases discharged recovered from the Pennsylvania Hospital for the Insane is fifty-one, and from the asylum at Utica forty-two. If we exclude from this result the number of individual cases who figure a number of times, in the course of their lives, in the list of recoveries in every asylum, the percentage will be further reduced. It is certainly proper to represent under what circumstances the most favorable results are obtained, but communities and legislatures must not be led to expect more than they are going to receive.

If we accept the result in the State of New York as an approximation to the correct ratio, fifty-eight per cent. have been discharged not recovered, or have died. Many of these discharged persons have been removed to the care of friends, and still a larger number go to swell the stream of chronic lunacy, which it is now proposed to arrest by the creation of hospitals for the *cure* of insanity.

Of a given number of persons becoming insane a certain number will recover without any treatment. Under a provisional system the number of recoveries will greatly increase. Under any system, however, large numbers, designated by the law as paupers, because not possessed of any means of support, and dependent upon the public for maintenance, do not recover, and are thrown back upon the hands of public officers to provide for. The question which presents itself is, then, what practical plan can be devised which will be acceptable to the public, and which will dispose of this unrestored chronic class, in accordance with humanity, justice, and the highest professional requirements.

This question is not a novel one abroad, where the profession is by no means agreed as to what course it is

best to advise under the pressure that exists for admission to the asylums. It will be found to be a perpetually recurring question in this country, as population with its accompaniments increases. We need not persuade ourselves that it will remain settled upon the basis of resolutions adopted by this Association, unless we embrace in them principles that commend themselves favorably to those who are asked to carry them into effect.

At the meeting last year a resolution was adopted increasing the capacity of hospitals for the insane from two hundred and fifty to six hundred, without any adequate reason we have been able to discover in the published report. We must infer it was done to accord the Association with institutions already completed. At the same meeting a proposition in the following language was rejected, with one dissenting voice:

> The subject of provision for the insane poor, especially for the chronic insane poor, having been brought before the Association, and discussed at some length, and the question raised as to whether some modification of the propositions heretofore adopted in regard to the construction and organization of hospitals was not required to meet the necessities of this class, the Association would take the opportunity to record its decided preference for hospital provision for all the insane, whether in the acute or chronic stage of the disease. But it is willing to qualify the proposition so far as to admit that if the question presented in any State be, Shall the chronic insane poor continue to be confined in county poor-houses, or shall provision be made for them in special asylums at a less cost than in hospitals? On this question the Association would accept the special provision, if hospitals were not attainable, and abolish the county poor-house receptacles.

It will be inferred from this action that the only plan the Association endorses and recommends, is the erection of hospital structures after the style usually adopted, to be multiplied as circumstances require; a plan which

has been tried, and found wanting in its adaptation to the existing state of things.

If, after a deliberate examination of this question by legislative bodies and public officers, it should be deemed best to proceed to act in accordance with the views set forth by the Association, and with the plan of the editors of the JOURNAL OF INSANITY, "to cure insanity," we believe no hope can be indulged that provision for the insane now in the alms-houses and jails will ever be made, to any considerable extent, if indeed any of that class can be found after the startling proposition before us. It may be that gentlemen here who have had more experience in public affairs than the writer, indulge sanguine expectations. The future will, however, repeat the past.

In 1855, an exhaustive report was made upon the subject of insanity and the insane in the State of Massachusetts. Twelve years have elapsed, and one hospital has been erected. With three hospitals in the State the number of insane in the poor-houses is not reduced, but is greater than at the date of the report. The State of Ohio has three hospitals, and still there are one thousand insane persons cared for in the poor-houses. These two states present examples of the most extensive public provision for their insane in this country, and there is the same lack of comprehensiveness that characterizes the system everywhere—hospital care for a few in the recent stage of the disease, and a refuge in an alms-house in the chronic, and often more helpless stage.

It is a distinguishing feature, as well as defect, of the hospital system, to assume that an establishment for the reception of the insane is a curative one, and not an asylum or permanent residence. Hence the organic law is framed to conform to this idea, especially in the

disposition of the poor. Preference is given to recent and curable cases, but as many of these become chronic and incurable, the law provides for their discharge and remission to the custody of county officials. The result of returning old cases to the poor-houses has been to depreciate the value of asylums. Counties, seeing the necessity of making provision for some of their insane, and succeeding, according to their estimation, in caring for them, gradually come to make provision for all classes, the recent and the chronic. The tendency is invariably to seek exemption from every law relating them to the State institution, in those cases where the expense of maintenance is charged directly to the county. Dr. Bell justly deprecates the practice of discharging old cases, in these words:

> This returning of patients as harmless and incurable, throws much odium upon the direction of an asylum. A class of patients gathered with some view to capability of rewarding, by their improvement, the care bestowed upon them, would by their recoveries, their amelioration where cure was hopeless, their happiness, their healthful condition, their amount of self-supporting labor, tell such a story in behalf of the institution as to commend it to the good will of every citizen of the State, and render its future extension acceptable to the public.

The practice of discharging old cases did not arise from motives, as now alleged in its favor, of doing "the greatest good to the greatest number." If it was ever justifiable it was in the early history of lunacy provision in this country, when the question naturally presented itself, who should be first received; and the laws implied that the earliest admissions should be from that class presenting the strongest probabilities of relief.

Attributing the evils and failure of the present system to the imperfection of our laws, with the light and experience we now have upon this subject, and with the knowledge we have of the educating power of statutes

framed upon the basis of right and justice to advance and elevate public opinion, has not the time arrived when this Association should declare itself in favor of abolishing all discretionary power now possessed by county officers, of sending patients to an asylum or to a poor-house; constituting an asylum the only proper and legal location of an indigent insane person, and prohibiting by statute the discharge of an indigent or pauper patient, unless restored?

If this will not be conceded by this Association, and by our State legislatures, then we shall insist and urge in every legitimate manner that, while provision is made, specially, for recent cases in hospitals, accommodations, equal in all the requirements of humanity and of our profession, shall be made other than poor-houses for that class which is cast out by the law as incurable, or, having passed into a chronic stage of disease, rejected as improper for admission to the hospital.

If the suggestion we have made is adopted, the second requisite is the adaptation of our present establishments to the new demands that would devolve upon them—the care of the recent and chronic insane. In this direction, in our opinion, earnest inquiry should be directed by this Association, if it would continue to exert that influence in the future as in the past upon all questions pertaining to the insane, which it seems most desirable it should do.

One year ago my colleague, Dr. Cook, laid before the Association an account of a movement in the State of New York, intended more particularly for the relief of the chronic insane poor. Coincident with this movement, and with no concert of action, similar efforts were initiated in Western Canada, and in the State of Massachusetts under the auspices of the Board of State Charities, for the same purpose. During the year which

has now elapsed, an able paper upon this subject was presented to the State Medical Society of New York, by Prof. Chas. A. Lee; a recommendation for some special provision for "incurables" has been made by the managers of the Western Pennsylvania Hospital; and more recently a commission, instituted by the French government, consisting of three eminent senators, the attorney-general, one counsellor of state, Paul Dubois, and Girard de Cailleux, inspector-general of asylums in the department of the Seine, having had before them certain questions pertaining to the insane, adopted recommendations having an immediate connection with the subject before us.

I need not take up your time with a repetition of what was stated to you last year, by Dr. Cook. It was hoped the "*Willard Asylum*" would constitute in the State of New York an asylum restricted by law in its operations, so far that it should first receive the chronic insane poor now in the poor-houses. Let me briefly refer to what has been suggested elsewhere.

Dr. Workman, of the Provincial Asylum, at Toronto, in the administration of his institution finds himself embarrassed by the accumulation of chronic and incurable cases, amid the pressure for admission of recent cases, inasmuch as the Canadian law forbids their discharge. This subject is presented to Dr. Workman as it seldom is to any American superintendent of an asylum, and I must refer you to his report, to peruse at length the reasons which have operated to induce him to recommend for this class "secondary asylums," in preference to the necessary adoption of a system of "poor-house care," "as disgraceful, and as indicative of public barbarity, as it has been shewn to be in the State of New York." While it is proposed that these "secondary asylums" are to be distinct from the parent

institution, it is recommended that the affiliation with the parent or curative hospitals should never be broken up.

In Massachusetts provision has been made for one hundred and twenty chronic cases of insanity, in a building erected for the purpose in connection with the State alms-house at Tewksbury, and called an *Asylum for Harmless Insane.* These cases have been taken from the alms-houses, where they had been sent from hospitals, or from towns and cities. The Asylum is committed to the Board of State Charities. Provision is made for regular medical attendance, occupation, and employment; and more rigid regulation, we should infer, as to weekly inspection than usually prevails in our State asylums.

It will be observed that while this establishment is not in immediate connection with any hospital, yet, as all the insane and all the hospitals are to a certain degree under the supervision of the Board of State Charities, it may be considered as an appendage to them, and supplementing them.

The institution is regarded very properly as an experiment, intended not to lower the standard of the State hospitals, but to render them more efficient; not to abate any of the requisites for the proper care of the insane, nor "to be considered in any sense a substitute for a lunatic hospital, but as simply an addition, and as being an improvement in the care and provision for the class which it will receive."

We hope to see a more extended analysis of the Report of the French Commission published hereafter. We now lay before you their views bearing upon two questions, which have already received some consideration by this Association; viz., that of the employment of, and the propriety of separate provision for, the

curable and incurable insane. In connection with other recommendations the following occurs:

1. "The employment of the insane in various useful arts, and, particularly, in out-of-door occupations.

2. In discussing the practicability of providing separately for the curable and incurable, a majority of the Commission voted in the affirmative. It was agreed that about four-fifths of the insane belong to the chronic or incurable class, and it was conceded generally that those who had not recovered at the end of two years, were not likely to do so. That some few, out of a considerable number, should get well after that period, was held to be no argument against the attempt to separate the recent and acute from the chronic and incurable, particularly as in asylums occupied by the latter the hope need not be ignored, and the means of cure would not be wanting. On the other hand, it was admitted that the separation is desirable on economic grounds, and the treatment of recent cases could more thoroughly be cared for in specially adapted asylums of small size, and with a full complement of medical aid. The expedient of transferring chronic cases to an asylum, and *vice versa* to a hospital, would be a simple one, and it would not be necessary to call any of the institutions an *asylum for incurables.*"

It remains to notice, lastly, the suggestions of Dr. Lee. These may be briefly stated to be the establishment of a hospital "for acute and recent cases, and an agricultural colony, situated at a proper distance, but in the vicinity, with suitable buildings for the accommodation of the chronic and quiet, all upon the same farm, and under the same medical superintendence."

We do not deem it necessary to present the reasons which urge Dr. L. to his conclusions. They are fully and fairly set forth in his paper. In the light of our

present experience, of the several plans proposed we believe his suggestions are best adapted to existing hospitals, and would meet the approval of the largest number of persons and interests concerned.

The detached buildings would supplement the hospital. One-third of all the patients would probably require the accommodations of the hospital structure, in a given establishment, and be under the immediate observation of the physician-in-chief, while the remainder could very properly be cared for in the detached buildings. The obvious advantages of this plan appear to be, that a large number of insane persons usually discharged and transferred from our hospitals as incurables would here be provided for in connection with the parent institution; the establishment would permit of considerable enlargement, and the average cost of support thus be materially reduced; the buildings would cost not exceeding one-half *per capita* the amounts usually expended in this way; and, lastly, a most important result would be accomplished in the great reduction of personal seclusion and restraint that would ensue.

The plans which have been briefly referred to, while they differ in the means, unite in the great end to be attained. These differences are inevitable, and grow out of the peculiar circumstances and social organizations which belong to different states and nations. It will remain for each State to devise for itself its own line of domestic policy in this regard. The questions growing out of this subject are, however, fairly within the province of this Association to consider, and announce its views. It is hardly to be expected that any departure from its expressed sentiments can be hoped for, yet we can not but indulge the wish that the extreme positions of last year may be modified.

There can be no doubt but this Association would witness with great satisfaction the practical and successful realization of any one of the plans presented, whatever may be its present opinion of their merits. It is by no means certain any one of them will fail under favorable circumstances, yet one may on trial prove more generally acceptable than the other. We express the hope, in conclusion, that this subject will receive that continued reflection and consideration we believe it still requires.

ASYLUMS FOR THE CHRONIC INSANE IN UPPER CANADA.

BY BENJAMIN WORKMAN, M. D., ASSISTANT MEDICAL SUPERINTENDENT, PROVINCIAL LUNATIC ASYLUM, TORONTO, C. W.

Legal provision for the therapeutic treatment and custodial care of the insane in Upper Canada was first made in 1841. The population of the Province was then 465,357. Temporary quarters were found in a jail, then vacant, and other edifices. A large percentage of the first admissions were chronic cases; and, as the law was based on the principle that every lunatic, when once admitted, should have a home for life in the Asylum, if incurable, unless removed by relatives, the probability might have been perceived that under such a system, unless the accommodation provided should be equal to to the incidence of insanity in the Province, the capacity for admissions would, in course of time, be foreclosed by the accumulation of chronic cases,—thus pointing to a coming embarrassment, which has since been painfully realized.

The keeping of the insane in edifices such as I have indicated was only a temporary arrangement. Provis-

ion was made for the erection of an asylum capable, when completed in all its details, of containing about 500 patients. The foundation stone was laid in August, 1846, and the central part of the edifice was ready for the reception of patients in December, 1849; but the wings contemplated in the original plan were not erected, thus limiting its capacity, as calculated by the architect, to 250, or at most 265.

I have been at some pains to ascertain a correct exponent of the incidence of insanity in Upper Canada. The average of the two censuses of 1851 and 1861 gives a rate of one in 874. These figures are probably too high. Under the heading of "Lunatics," the census takers included idiots and imbeciles. When these are deducted, it would probably give an incidence of actual insanity of about one in 1000. This, from long continued observation in the Province, I am inclined to believe to be approximately correct. At the date of making the plans of the Asylum (1845), the population was 604,670. It will be perceived, then, that an edifice capable of containing 500 patients left no margin for future increase of population. This plan, however, was curtailed more than 40 per cent., by omitting to erect the wings shewn in the original plan. Here the defect of our law in the providing a home for life for the chronic insane first cropped out. In a population requiring accommodation for nearly 600 curable and incurable patients, an asylum had been erected capable of meeting somewhat less than fifty per cent. of the requirements of the country.

The asylum thus curtailed was ready for the reception of patients in December, 1849, and the temporary receptacles for the patients were vacated in January, 1850, by transferring them to the new edifice. The population of the Province had then increased to nearly 900,000. At the very outset of operations in the new edi-

fice, an insane population of about 900 could only find 265 beds. The pressure for admission was of course soon felt. In a few years it became indispensable to limit the admissions to cases probably curable; and a by-law of that import was sanctioned by the Governor-General in February, 1856; leaving all others to the care of relatives at home, in many instances soon to become incurable, while such as were dangerous to person or property were committed to the common jails.

Notwithstanding the adoption of the above by-law, early in 1856 the applications for admission became more and more numerous. The population had then increased to 1,125,000, and the number of the insane had increased in a corresponding ratio. It became absolutely necessary that something should be done to meet the emergency. Several rooms in the Asylum, occupied by the staff of the house, were vacated, and appropriated to the reception of patients; and a branch asylum for chronic cases was opened in a building in the University grounds, originally erected as a boarding house for students, but then unoccupied. Thus, out of the necessities of the moment, was the first step taken in the inauguration of branch asylums; and as this one was not quite three miles distant from the chief institution, and could therefore be conveniently superintended by its medical officers, it was placed under their supervision. A trustworthy steward and matron were appointed to superintend the affairs of the household, and a sufficient staff of attendants was placed under their direction. Seventy-five quiet, chronic patients were transferred from the asylum to this place.

The pressure for admissions still continued, and it became evident that additional accommodation must again be obtained to meet the urgent wants of the country. Accordingly, in 1859, the military barracks of Fort

Malden, near Amherstburg, then unoccupied, were fitted up, at considerable expense, as a branch asylum. To this place 202 patients, almost all quiet chronic cases, were transferred from Toronto, and placed in charge of a properly qualified medical superintendent, and a competent staff of attendants.

The Census of January, 1861, disclosed the fact that the population of the Province had increased to 1,396,091. Under this rapid increase, a corresponding augmentation of applications for admission to the asylum was a natural consequence. These far exceeded the capacity of the edifice; and it soon became evident that the parent institution must be enlarged, or another branch asylum established. The latter expedient was adopted, and accordingly a half-finished brick hotel in the village of Orillia, at the northern extremity of Lake Simcoe, was purchased, and fitted up for the reception of patients. A medical superintendent was appointed, and in the fall of 1861 and spring of 1862 one hundred and thirty-two patients were transferred from the Toronto Asylum to this branch.

I may here state, parenthetically, that a large first-class asylum for the criminal, homicidal and other dangerous lunatics is now being erected at Kingston, and so much of it has been finished as to afford accommodations for about 150 patients.

Notwithstanding the efforts that have been made for the care and treatment of the insane in Upper Canada, the accommodations are not equal to the wants of the Province. Assuming the ratio of increase in former years, the population may now be placed at 1,800,000. This would put the number of the insane at 1800. Of these, 949 are in the asylums or the branches. The balance are at large, or confined at their homes or in the prisons. There are now on record more than 200 appli

cants which cannot be admitted. In this position stand the capabilities of our institutions for the insane at the present date. To meet this pressure for admissions, it has been resolved to enlarge the Toronto Asylum by the erection of two wings, and two hospitals capable of receiving about 250 patients.

This brief sketch of the provision made for the insane in Upper Canada, will make the subject of our asylums for the chronic insane more clearly comprehensible. I will now offer a few remarks as to the amount of efficiency of these branch asylums; but before doing so, I would observe that the edifices now occupied were not erected expressly for the reception of lunatics, and are therefore more or less deficient, and unsuited to their present purposes. The Malden Asylum is placed in a more favorable position than its sister branches, as to the quantity of land attached to it, having the advantage of a good farm of seventy acres. The University Branch has a park of only ten acres, almost all of which is used as pasturage, and airing grounds for the patients; and the Orillia Branch has also about ten acres. The emergency of providing without delay for the demands for admission was so great, that the delays involved in selecting and purchasing farms and erecting suitable edifices thereon could not be incurred. I hope, however, to be able to shew that, although subjected to some inconveniences and defects, they have had such a measure of success as to prove that asylums for chronic cases are worthy of mature consideration.

I will first allude to their morale.

And here I would observe that these asylums are not placed under municipal management. They have been established by the Executive Government of the Province. Their medical officers are appointed by the Executive. The funds for their maintenance are supplied

from the Provincial treasury, and they are subjected to visitations by a board of salaried inspectors appointed expressly to that duty, and the inspection of prisons. Thus constituted and managed, I submit that our branch asylums are placed on a higher platform than town or county poor-houses. They are conducted by officers subject to no local or party influences, and are not impaired in their efficiency by a niggardly economy, which would place among the improvements of social science the keeping in existence the chronic lunatic at the lowest possible cost. The diet is plain, but generous and abundant: the clothing furnished is warm and substantial. The patients are not subjected to such harsh treatment as is too often enforced in town and county pauper institutions. Non-restraint is adopted in all possible cases. Cleanliness is maintained; good ventilation is attended to; and amusements, and various kinds of recreations are encouraged. In these retreats there is no gloom. The shadow of hopelessness or despondency does not darken the path of the inmates. They are cheerful under a mild regime.

I question if chronic lunatics, most of them in dementia, are capable of forming gloomy anticipations of the future. The only exceptional class in our branch asylums to general cheerfulness are patients afflicted with melancholia, a form of insanity not extensively prevalent in Upper Canada. Nor do I observe that cases of melancholia are more depressed mentally in the branch asylums than in the chief institution.

Our branch asylums for chronic cases have, to a limited extent, been curative.

Several patients who had become partially restored and then remained stationary, were removed to the branches. Change of air and of scene was indicated as a possible means of cure, when medication seemed to

have lost its effect. Accordingly they were removed to the branches, and the results, in several instances, were successful. At the University Branch five such cases have been discharged cured, and one improved. At the Orillia Branch several have been discharged cured, and some improved. At the Fort Malden Branch a few similar cases were observed. In estimating the value of asylums for chronic cases, these facts are worthy of notice.

They have been satisfactory in their hygienic results.

The duration of life in these institutions may be accepted as reliable data on this head. But before speaking of this, it is necessary to call to mind the fact that all the patients placed in the branch asylums were old cases. Some are now of twenty-six years duration, and some of twenty-five years. Many of them had been long insane previous to their admission. Such cases could not be expected to contribute a good somatic condition to the hygienic capital of the branch asylums. In the ordinary course of events, a large mortality might be expected under such circumstances. Facts, however, give results of a different shade. In the University Branch, during the ten years and eight months it has been in operation, twenty-nine deaths have occurred, in a population averaging seventy-four in each year; being 2.7 deaths per annum, or 3.6 per cent. per annum. In the Orillia Branch twenty-five deaths have occurred during the five years and nine months it has been in operation, in an average population of one hundred and thirty-two, being 4.3 per annum, or 3.2 per cent. per annum.

One case of scarlatina occurred at the University Branch: there was no second case. One case of typhoid fever occurred: there was no second case. Beside these, no endemic, epidemic or contagious disease has prevailed in any of the branch asylums.

The Fort Malden Branch Asylum, from considerations, I believe, of local convenience, was removed from the category of branch asylums twenty-seven months after its first establishment, and constituted an independent asylum, having seven western counties assigned to it, as the district from which its patients were to be obtained. This arrangement may be accepted as proof that the Executive Government found the working of that branch to be satisfactory; and may be viewed as an approval of the principle involved in the establishment of such institutions.

THE LABOR QUESTION.

Can the labor of chronic lunatics be made so profitable as to render asylums for their custody self-supporting?

I would answer this question negatively. Their labor will be valuable, and with it as an auxiliary in working a farm, much of the cost of cultivation may be saved; but not the whole of that cost. The Fort Malden Asylum has realized profitable results from the labor of chronic patients. A cleared farm of about seventy acres, formerly the garrison common, has been fenced in and divided into fields. It has been drained and well cultivated and improved, and may now be called a first-class farm. By the same agency, the bank of the river along the western side of the farm has been faced with stones, to prevent the further encroachment of the stream upon the land; a good garden has been made, and brought into excellent condition, and a large amount of repairs and ornamentation has been done in the buildings and their surroundings; but nothing like entire self-support has been attained. The remarks of Dr. Ray and other superintendents on the labor question, have been verified by the operations at Fort Malden. Self-support

has, I submit, had a trial there, and has not been found to be attainable.

Similar results would be attained in the work of insane mechanics, as in farm work. It would necessarily have to be carried on in large workshops, one for each trade. The superintendence of hired foremen would be indispensable. This would augment the cost of management, and diminish profits. The assembling of large numbers of lunatics in workshops, where edged tools are used, might involve some personal risk. But even if it were prudent to group together large numbers in workshops, the quantity of salable work of good quality turned out from such shops would not realize returns on its sale to cover the expenses of clothing, board of patients, raw materials, and management of the shops. The eccentricities of lunatics in shops would moreover occasionally cause some waste of materials, which would (perhaps frequently) have to go to the debit side of profit and loss.

I would expect the most profitable results in the management of Asylums for the chronic insane from agriculture. A large percentage of such patients, in this country, are farmers or agricultural laborers; consequently an efficient supply of such labor would always be available in every large hospital. By selecting a large farm of good quality of soil, near a railroad, and by introducing the improvements of modern agriculture, profitable results would be obtained. Enough of coarse grains might be raised to supply the establishment with those articles, and to have some surplus to be turned into cash; but flour, clothing, beef, mutton and groceries would still, to a greater or less amount, be a cash charge, which could not be all covered by the cash proceeds of the farm. Results may be attained which would materially diminish the cost of mainten-

ance; but not enough to reach the standard of self-support. One of the prominent difficulties of the day would however be removed by preventing, at a comparatively cheap rate, the neutralization of our curative institutions by the accumulation of chronic cases; and the disagreeable alternative of remitting such cases to poor-houses would be superseded.

I may remark in conclusion that the establishment of branch asylums for the chronic insane in Upper Canada was not opposed by the press or in Parliament at the times of their inauguration. They have now been in operation long enough to test their utility, and, as yet, no complaints are made either of the principle or object for which they have been organized. They continue to possess public confidence, and the Board of Asylum Inspectors have not, as far as I am aware, disapproved of the principle involved in the establishment of such institutions. They are generally spoken of with approbation, and may be considered as having realized a limited amount of success.

1st. They have secured for their inmates safe-keeping, almost entire non-restraint, cheerfulness, good diet, and general comfort.

2d. They have, in some instances, been conducive to recoveries, which, without the change of air and scenes produced by removal, might not have been realized.

3d. Their hygienic results have been salutary, as may be inferred from their small mortality.

ON MORAL INSANITY.*

BY DR. JULES FALRET.

III. *Legislative or Administrative.*—We come now to the practical application of the principles laid down in the two preceding parts.

The first question we have to consider in regard to the legal relations of moral insanity, is that of sequestration. Ought all persons affected with moral insanity to be confined? Can they be thus confined? These are the questions which I must briefly notice. This removal from society may have for its motive therapeutical reasons, or the security of the patient, his family or the public. There can be no absolute rule upon this point, and we must act according to the circumstances of each case. If the case is a medical one, we may hope by regimen, by discipline, and even by the confinement itself, to produce a certain moral impression upon the patient, and by forcing him to exert a degree of self-control to lessen the violence of his actions, and thus modify favorably his mental condition. If the question is one of security, it is obvious that certain of these patients may be dangerous, either to themselves or others, from their actions, while others who are not dangerous, in the exact sense of the word, may be the cause of endless troubles to their families or to society, spreading disorder everywhere about them, and finally becoming so intolerable to all who have to do with them, that their confinement seems to be absolutely necessary.

* Concluded from page 546, vol. XXIII.

Unhappily, in the present state of legislation and of public opinion there is often the greatest difficulty in bringing the relatives of patients, general practitioners, and magistrates to admit the existence of such a thing as moral insanity. The disease must have existed a long time and become fully developed before these persons will consent to recognize it, and even then when some of those immediately connected with the patient begin to recognize his disorder others deny it still, and are ready to protest against its admission.

This naturally leads me to submit a few words upon the law of 1838, at this time so unjustly attacked, and wrongly accused of favoring illegal confinements. In fact, it is often and opportunely an obstacle to the sequestration of certain cases of moral insanity. As a whole this law is certainly an excellent one. It was carefully elaborated by the most painstaking and able jurists. Taking counsel of physicians, they succeeded in the most remarkable degree in reconciling the interests of the insane and their families with those of society. Eminently the work of medical men, the main object of this law was—and it had this immediate result—to send patients to the asylums at an early and curable stage of the disease, and to favor their being brought at once before a physician, either for treatment or that their insanity might be recognized. We ought then, at the risk of appearing to be opposed to progress, to defend a law which is based on principles laid down by the most eminent medical alienists since the beginning of our century, and which has already done so much good, and will do still more.

But although drawn up chiefly with a view to medical advantages, this law is now applied rather with a regard to public security. Instead of asking whether a patient is curable, the main inquiry is whether he is

dangerous or not. Now, medical alienists, knowing all the changes which take place, from one moment to another, in the insane, declare that they may all, without exception, become dangerous. The legal authorities, however, from notions of economy, or of preserving the liberty of harmless patients and their stay in their families, oblige the physicians of asylums to distinguish practically between the dangerous and the not dangerous. This question, asked of them in regard to all their patients, is especially difficult when it concerns the class of the reasoning insane. These patients when kept in their families become simply intolerable. They carry disorder everywhere, are the objects of continual quarrels and scandal, and make life impossible to all around them. On the other hand, when committed to an asylum they appear so rational that they cannot be kept long, and we are obliged to set them at liberty. They then begin anew the kind of life which caused their first confinement, and which soon brings about a second, life in common with such patients being absolutely out of the question.

Such is the usual succession of facts under these circumstances; and it can hardly be otherwise, as it follows from the special nature of this form of mental disorder. It is not to be supposed, however, that the greater part of these patients are inoffensive. Some, in fact, are prone to acts of violence which bring them before the courts, such as homicide, robbery, arson and attempts to kill. In respect to these it is not possible to doubt. But those who do not show a disposition to violence, and who appear inoffensive in public, become in the last degree pernicious and insupportable in their own families. They create a real hell upon earth, and when they are once known it is only too easy to comprehend how the confinement of patients of this class may be-

come indispensable to the tranquillity and security of families and of society.

It has been asked if in extreme cases, in which acts of violence are to be feared on the patient being set at liberty, the sequestration ought to be perpetual. M. Aubanel has pronounced in favor of this rigorous treatment of insane homicides, and other writers have approved of it for the reasoning insane, at least for those who have committed criminal acts. This question, intimately connected with that of the creation of special asylums for the criminal insane, such as exist in England and have been proposed by MM. Brierre de Boismont and Legrand du Saulle for France, is too important to be entered upon incidentally, and requires a special examination. I shall confine myself to saying, that, in my opinion, the perpetual sequestration of the insane, homicidal or otherwise, cannot be made an absolute principle, to be maintained or rejected. Practically, its solution in each particular case, as M. Parchappe* has very justly said, ought to be left entirely to the knowledge and conscience of the physician to the asylum in which the patient is found.

This is also true of another legal question, that of the marriage of the reasoning insane, upon which I must also say a few words. It would be desirable, no doubt, in the interest of families and of mankind in general, if the desire expressed by M. Trelat (in his work on lucid insanity) could be realized; that when the mental condition of one of these patients is well known to the family physician, he should prevent a marriage which must necessarily give rise to so much unhappiness to the other party, and to the children resulting from the union. M. Trelat is certainly right, in these unhappy cases of rea-

* *Annales Medico-Psychologiques, 3d series, Vol. 1, p. 522. 1855.*

soning insanity, in seeking to extend to the families of the patients a part of the pity and sympathy which the philanthropic tendencies of our age have concentrated solely upon the patients themselves. The family is really often more to be pitied than the patient. But in the actual state of our legislation and our customs, in respect to marriage, the physician ought not to do more than give his advice, and neither he nor the law itself can do anything against the will of individuals or families. There are certain cases of reasoning insanity in which, as with the epileptic class, M. Legrand du Saulle would have marriage forbidden by law. But, in my opinion, such measures are too rigorous and severe to be practicable. They could never be enforced, even if drawn up and enacted into law.

Besides the sequestration and marriage of the reasoning insane, there yet remains, to fill out the list of the main legal and administrative questions which concern these patients, to treat of divorces, judicial councils, and the deprivation of civil rights. But we have not the time to discuss these questions to-day. I shall limit myself to a mere mention of them, and pass at once to the fourth part of this discourse, the medico-legal.

IV. *Medico-Legal.*—More than any other form of mental disease, reasoning insanity requires to be studied from a medico-legal point of view. Greater difficulties are presented in it, in fact, than in all others beside. It is often very difficult to determine whether the subject examined is really insane; for the reason that the mental state of many of these patients singularly resembles certain normal mental conditions, and because eccentricity or natural oddity often borders upon insanity. Physicians, even the most expert, may hesitate then, in some circumstances, to decide whether the individual submitted to their examination is in a state consistent with

reason, or if he has really passed the line which divides reason from insanity. Certain persons, predisposed to insanity, are indeed fantastic and eccentric from their infancy. They differ from the rest of mankind in respect to intellect, feelings, and conduct, and yet no one considers them insane. It is remarkable that these exceptional beings often preserve all their lives this same degree of eccentricity, without ever reaching a state of true insanity.

We cannot, then, admit a standard of reason which shall consist in the absence of all passion and feeling,—the calm and impassible reason of certain men always the same, and unchangeable by circumstances. This ideal of reason does not exist in human nature, such as we know it. The equilibrium of the passions is more unstable and mobile than agrees with this picture of the ideal reason, and we have to represent man in his normal state under a form less fixed, and susceptible of many modifications and oscillations. We are, in fact, forced to recognize that the limits of the physiological condition vary greatly in different individuals, and that they may fluctuate between the two extremes of sober reason and exalted passion.

But, as I have already said in the first part of this discourse, the medico-legal expert should not rest the solution of the delicate questions submitted to him upon a basis so uncertain as these wavering limits between reason and insanity. It is the firm ground of medical observation only, upon which he should endeavor to establish his diagnosis. Now, two modes of forming this diagnosis in difficult cases naturally present themselves to the mind. The first is that of considering reason in general, and insanity taken as a whole, as two opposite types, and then seeking for the distinctive characteristics of each, as thus contrasted. This process, in which

reason is considered as an abstract existence, and insanity as a disease differing in kind from other diseases, and having its own general symptoms, is that which is followed by the philosophers, moralists, magistrates, and even by the medical alienists of our times. Now this process, unsatisfactory in the common forms of mental disease, is much more so in the varieties of reasoning insanity, which often differ only in degree from certain normal mental states.

Yet this very imperfect means of diagnosis is all that we now possess for certain cases of reasoning insanity, the description of which is not found in any known category of mental diseases. But, of course, our art is yet in its infancy, and we ought to endeavor more and more to lessen the number of these cases of reasoning insanity *incertæ sedis*, to which these general means of diagnosis only are applicable.

For all other cases, on the other hand, the true criterion of diagnosis for the medico-legal expert consists in classifying the particular case under examination in a category of mental diseases already well known and described, and in which he can compare it with others analogous to it, whose physical and moral characteristics, as also their progress, have already been accurately determined. Only when this shall have been done can our medico-legal knowledge of insanity be considered to have reached a truly scientific phase. Instead of discoursing, like the lawyer or the judge, upon the abstract limits which divide reason from insanity, the expert will rest upon his own ground of medicine, and will apply to mental maladies the methods adopted for the diagnosis of other diseases.

Legal medicine, as an applied science, is therefore entirely reduced to a question of diagnosis; general diagnosis, to establish a condition of mental alienation or

insanity; and special diagnosis, to determine the species or particular variety of mental disease to which the case in question belongs.

For reasoning insanity, as for all the other forms of mental disease, the sole problem to be solved by the expert is that of placing the particular case in hand in one of the categories which have been sketched in the clinical part of this discourse, or in some other category which science has yet to create. This is why I have thought it my duty to dwell at some length upon the clinical study of these different varieties before coming to the medico-legal part, which is reduced to a simple question of application. Here ends the role of the medico-legal expert for those who, like myself, believe in the absolute irresponsibility of all the insane before the law; for those who think that every one recognized as insane, whatever may be the form or degree of his delirium, ought to be absolved from all responsibility, civil and criminal. But it is otherwise for the partisans of a partial responsibility. After having found that a patient is affected with reasoning insanity, they have yet to consider whether he is capable of signing, with due knowledge of his act, certain legal documents; if a will made by him is valid; if he has sufficient moral freedom to consent to the marriage of his children, or to sign a power of attorney; in fine, if in performing a so-called criminal act he has been sufficiently conscious of the nature of that act, of its character as criminal or punishable by the law, of the injury he has done to another, or of the consequences which will result to himself, that he may be considered responsible for this act while he is admitted to be irresistibly impelled to do certain others. Thence arises a vast number of secondary medico-legal questions extremely difficult of solution, which naturally present themselves to the partisans of a par-

tial responsibility, but which have no existence for those who declare the absolute irresponsibility of all the insane.

For my part, I do not hesitate to confess that if there are cases of insanity which seem to give support to the theory of partial responsibility, and which in some rare instances have greatly disconcerted the advocates of absolute irresponsibility, they are certainly the subjects of reasoning insanity. When, for example, we hear certain patients, whose instincts, either by nature or as a result of disease, are depraved and perverse, boast openly of being able to commit a crime with impunity, or persuade other patients to do the same by pointing out to them that their insanity will exempt them from all punishment; when we hear others who have a disposition to suicide reason about their design, and calculate all the means for its execution with the coolness and apparent calmness of a person of sound mind; when we hear a patient like the one of which M. Legrand du Saulle* tells us, declare that he is irresistibly impelled to destroy himself, but that he feels, in his inmost conscience, if he should commit any other criminal act he should be perfectly responsible, because he is able to refrain from it; when such facts are verified our faith is somewhat shaken, although we may be profoundly convinced that it is impossible to draw any other line between responsibility and irresponsibility than that of disease. These patients, in fact, often have their faculties to such a degree that at first sight we are tempted to acknowledge their rights of person and property, in both civil and criminal cases. We know, for example, that one might well consider valid the will of a patient laboring

* *Annales Medico-Psychologiques, Vol.* 1, *4th Series, p.* 225, 1863.

under that variety of reasoning insanity already described as characterized by fear of the contact of external objects, but who, aside from these peculiarities of behavior, seemed to have a perfect knowledge of his affairs, and of what he was about in giving to one person rather than another. But spite of these difficulties, sometimes very great, which we meet in exceptional cases, I am nevertheless convinced, for my part, that even in these same cases there is a great advantage in being able to avoid unimportant but troublesome questions, by laying down the general principle, which alone is sufficient to relieve the physician from all his perplexities, is adapted to all circumstances, is an answer to all objections, and enables him to overcome all obstacles,—I mean the principle of the complete irresponsibility of all insane persons, without exception, to the courts, both in civil and in criminal matters.

There still remains, however, to those who believe in the total irresponsibility of all insane persons during their insanity, a final resource, by which they can maintain, in certain cases, the validity of the civil acts of these persons, or their responsibility for what they have done, without denying the doctrines to which they hold. This resource is that of lucid intervals; of intermissions, and even of marked remissions, in mental disease. Since we are obliged to admit that a state of insanity does not always exist in a person once acknowledged to be insane (for, of course, it may be cured), we cannot help admitting, also, that insanity may be periodical or intermittent; that there may be lucid intervals, occurring at longer or shorter periods of time from each other, during which reason and moral liberty may be momentarily recovered; and that, consequently, a man declared absolutely irresponsible at a given moment of his life may be held to be responsible at another moment, even if the

next. It is only in this sense, it seems to me, that we can accept in theory and in practice, the doctrine of the partial responsibility of certain insane persons; not as being so at one and the same moment, but at different moments of their existence. This aspect of the question deserves to be noticed, especially as it relates to reasoning insanity or insanity of the acts, which not infrequently presents in its progress marked periods of remission, or even real intermissions. The only difficulty we have then to meet—and it is often a very formidable one—is that of determining whether the intermission is really complete, and of distinguishing a simple remission, more or less marked, from a true intermission or a temporary recovery. But here, again, clinical knowledge must be appealed to in order to solve the medico-legal question, which, as in all other cases, finally resolves itself into one of medical diagnosis.

In conclusion, it seems proper for me to submit the following questions for the examination of this Society:

1. Can we admit the separate lesion of the mental faculties, and, in reasoning insanity particularly, a lesion of the feelings and instincts without disorder of the intellect; or must we hold to the strict unity of action of these faculties, in sanity and insanity?

2. Is there an absolute criterion by which to distinguish sanity from insanity, or does this criterion consist in the fact of a pathological condition, characterized by manifold physical and psychical symptoms, and by a definite progress?

3. Is reasoning or moral insanity a form or special variety of mental disease, or is it only an artificial combination of dissimilar facts, in which we should seek to discover groups more naturally united?

4. In what circumstances is confinement useful or necessary in these cases of moral insanity, either as a ther-

apeutic means, or for the security of patients, their families and the public?

5. What legislative or administrative measures should be approved in these cases of reasoning insanity, as relates to marriage and divorce, to judicial councils, and to the deprivation of civil rights?

6. What principle should govern the medico-legal expert in cases of reasoning insanity where civil or criminal acts have been committed? Ought he to maintain the absolute irresponsibility of all insane persons before the law, or ought he in some cases to hold to a partial responsibility, and under what circumstances?

7. May not those who do not admit the partial responsibility of the insane—the reasoning insane or others—during their paroxysms, admit the validity of their civil acts or the culpability of their criminal ones, committed in a lucid interval, or even during a marked remission?

These, gentlemen, are the principal questions which I have thought it my duty to submit to the Medico-Psychological Society, for examination and discussion.

THE ASYLUMS FOR THE INSANE IN ST. PETERSBURG AND COPENHAGEN.

BY T. B. BELGRAVE, M. D., EDIN.

[From the *Journal of Mental Science*, April, 1867.]

The labors of the reformers of lunatic asylums in England have been beneficially felt in the remotest countries in the world. While in France, where the humane method of treatment was initiated, and in certain other continental countries, the amelioration in the condition of the insane has been less conspicuous than could have been desired or expected in nations which have attained a brilliant development in most of the other arts of civilization, Russia and the Scandinavian kingdoms have exhibited an earnest desire to avail themselves of the advantages of the most enlightened treatment.

It should be a source of just pride to England that in the treatment of the insane she has become a model to the rising, and the envy of some of the older, nations of the world.

In the north of Europe the "English system" is the prevalent one; and in the erection of new asylums, well-known buildings have been adopted as models.

In Russia, the public lunatic asylums are undergoing a thorough reorganization; a new asylum on an improved English model is to be built in each government, where the existing structures are insusceptible of sufficient improvement to meet the enlightened views of the authorities.

The Imperial Government has appointed a central commission, composed of medical men, to superintend the new organization, and has wisely accorded them full

discretionary power in determining the plans and arrangements of the new edifices.

In the meantime great efforts are being made to render existing accommodation as efficient as possible; and as certain interests, and the views of particular *administrateurs* have a tendency to deprive these measures of their temporary character, it is desirable they should be criticised freely, though in perfect good faith.

The severity of the climate in Russia, and the long duration of the winter, increase immensely the requirements of an asylum, and the expense of its maintenance.

In St. Petersburg there are four public asylums: the "General Asylum," situated about seven versts from the city, on the road to Peterhoff; the asylum at the "House of Correction of St. Petersburg;" the asylum at the "First Military Hospital;" the asylum at the "Second Military Hospital," connected with the "Medico-Chirurgical Academy," and under the superintendence of Dr. Blinski, the professor of psychology in that institution.

The "General Asylum of St. Petersburg," in which both public and private patients are taken, is, in more senses than one, an imposing-looking edifice, and is surrounded by extensive grounds, originally intended for and laid out as gardens, but which are at present in such disorder that all trace of their original purpose is lost.

The building consists of one front and two lateral detached blocks. It is said to have been built after an English model, and in many of its internal arrangements it resembles Bethlehem Hospital. The corridors are long and spacious, but painfully dark, the only direct light being derived from a window at each end.

The dormitories and day-rooms are situated on each side of the galleries, the former containing for the most

part two beds; an arrangement contrary to a received principle in asylum arrangements, viz., that two patients should not sleep alone in the same room.

There are no pictures or busts to relieve the monotonous appearance of the wards; but the furniture is of a plain though substantial character. There is a beautiful chapel, but a remarkably small proportion of patients appear to attend Divine service. The cushions in the padded rooms are stuccoed with a material which renders them so hard as to impair very considerably their suitability for those peculiar and rather rare cases for which they are required. Though the use of mechanical restraint is not professedly abolished in this institution, it appears to be so practically.

Notwithstanding the vast extent of the building, in consequence of each sleeping apartment containing but two beds, the greatest difficulty is experienced in providing accommodation for patients; and recently some wood houses have been erected to relieve the main building.

Unlike what obtains in other asylums in St. Petersburg, the patients are here clothed in ordinary dress.

The diet in this establishment is of a very superior description, many of the patients having meat two or three times daily. About 100 male inmates are reported to be habitual workers; but the state of the grounds, and the size of the workshops, convey the opinion that their labor is rendered less available than is desirable, either for its own sake or for its salutary influence on their bodily and mental condition.

Though land is tolerably cheap in the neighborhood, no farm is attached to the institution; there are no airing-grounds, in which during summer patients might stroll at pleasure; and the garden is so situated that only the less troublesome patients can avail themselves

of it occasionally, vigilant surveillance on the part of several attendants being moreover rendered necessary by the absence of railings, boundary walls, or hedges.

The mechanical appliances in connection with the beds for wet and dirty cases are numerous and ingenious; but in this, as in every Russian asylum the traveler may visit, it will be found that no steps whatever are taken with a view to *prevention*. In Great Britain it is by no means an uncommon circumstance to find, that in an asylum containing 500 or 600 patients, not more than two or three pairs of sheets have required changing during the night. This result is accomplished by advantage being taken of the power of habit, and its influence over the natural functions. Among some people this power is very considerable; with the insane, who are so often the subjects of a paralysis of volition, it is irresistible.

Many patients in whom the routine of asylum life has cultivated the habit of walking in a particular direction, sitting in a given situation, or sleeping in a certain room, have been known to jeopardize and even sacrifice their lives, when a fire, the falling of a wall, or other accident, has rendered it necessary for them to break through their accustomed automatic habits.

Some physiological functions are almost completely under the sway of habit, and an immense experience in England has now proved that patients who have lost control over their excretory functions may be kept dry and clean by being afforded the opportunity, and encouraged, to relieve themselves at fixed and regular periods during both night and day.

Though throughout the whole Russian empire there is not a single establishment for the improvement or care of congenital imbeciles, no attempt has been made in the St. Petersburg asylum to provide any of those spe-

cial means of treatment which in England and elsewhere have been attended with so much benefit in such cases.

There is one feature in this institution, in common with other asylums in Russia, which is well worthy of imitation in England. A committee of charitable persons of rank superintends the arrangements for the amusement of patients, and, with a view to prevent relapses in recovered patients who are friendless, or in pecuniary distress, undertakes to assist them in procuring employment, and to re-establish them in life, the attendant expenses being defrayed from a special fund, the produce of voluntary contributions.

These benevolent labors have in practice been found to work admirably, and the Russian physicians attribute to this co-operation an immense influence in promoting the cure of the resident, and perpetuating the recovery of the discharged, patients. In England, the physicians to asylums find great difficulty in organizing sufficient and regular amusement for patients; and but too often have to lament the recurrence of insanity in patients who, had they received a little kind guidance and support during a short period following their discharge, would have retained their restored reason, and continued useful members of society.

It must be confessed that the structural arrangements of the principal asylum of St. Petersburg render it ill suited for the treatment of the insane, however secure it may be as a place of detention. Under the management of an expert experienced in the details of asylum architecture, it is susceptible of adaptation to what should be considered the most important object of the institution, viz., the cure of its afflicted inmates, while at the same time accommodation for an increased number of patients might be secured. The alterations most urgently required are, that the partition walls of many of

the two-bedded sleeping apartments should be pulled down, associated dormitories to contain ten or twelve beds being substituted in their stead; that airing-grounds, in which during summer patients might walk about at pleasure, should be laid out, and surrounded by ornamental railings; also, which is of great consequence in the treatment of the insane in a country like Russia, that abundance of sunlight and opportunities for exercise should be provided during the long winter, by the erection of some spacious glass houses.

Under present arrangements, many of the unhappy inmates might with equal prospect of benefit be immured in a dungeon, for all the light they receive during the winter. The attendants in this asylum are selected from a public institution in which they have been educated, and are characterized by some degree of refinement, and are animated by an *esprit du corps* which is quite unique in the asylums of Europe, and immensely facilitates the labors of the physicians. Ladies of station superintend the nursing in the female wards, the beneficent influence of whose labors is brought into more striking relief by the difficulties which the professional visitor perceives the defective structural arrangements must entail on the management of the house.

Notwithstanding all disadvantages, and in consequence, probably, of the easy *abandon* and natural amiability of the Russian character, the patients in this asylum appear more cheerful and happy than their brethren in misfortune in most asylums in England. This gratifying state of things is, doubtless, powerfully contributed to by the genial personal qualities of Dr. Laurentz, the director, whose system of government is of the paternal order, and whose kind sympathy and concern for his patients is reciprocated by an affection on their part which intense affliction in many cases only

stimulates into more evident expression. There is a sprinkling of patients of superior station and education in this asylum.

There are three medical attaches; the superintendent receiving a lower, and the junior officers a higher, salary than obtains in England; the latter also not being on duty the entire week. It appears suicidal melancholia occurs less frequently in Russia than in other parts of Europe; mania, dementia, and general paresis being the more common forms of insanity observed in that country.

The excessive consumption of wotky, induced by its unprecedented cheapness, has, in the opinion of the medical profession, contributed most powerfully to the increase in the number of cases of general paresis observed during the present reign. There can be no doubt that an increased duty on the native brandy is urgently called for by considerations of public health and morality, as well as by the increasing financial necessities of the Imperial Government.

The Asylum at the House of Correction of St. Petersburg is for the reception of criminal lunatics. Unfortunately, the institution at present contains an unusual number of patients of Polish nationality; the recent political troubles in Poland having, as is so often observed, developed tendencies among many which during happier periods might have remained latent, or have exhibited themselves in less dangerous forms.

It is consolatory to know that the Russian Government, in its behavior towards these afflicted persons, is practically oblivious of their previous career, treating them with the utmost consideration and kindness.

The asylum is situated on a floor of a vast prison, and contains nearly 300 patients.

It consists of a series of corridors, with bilateral chambers.

Though the galleries are spacious, they are dark, receiving direct light through but one window situated at each end.

Some borrowed light is afforded through a few side windows.

The lateral chambers consist of handsome dining and sitting-rooms, associated and single dormitories.

The furniture is substantial and in good taste, nearly equal to what is found in Russian houses of good class.

Graceful exotic plants are placed in convenient situations in both the rooms and galleries, imparting an air of elegance to the apartments, and contributing to the purity of the atmosphere.

The associated dormitories are lofty, spacious, and well-ventilated, containing each about ten beds.

The bed-linen is of a very superior description, and the padded and other single rooms are well appointed.

The asylum contains a painfully large proportion of severe cases of melancholia and mania.

Mechanical restraint is highly disapproved of by the superintendent, Dr. Dinkoff and his coadjutor, two Polish physicians of unusual accomplishments, and is only resorted to under very rare and exceptional circumstances.

An English lady is resident in the establishment.

There are no airing-grounds or gardens.

Fortunately the present asylum is not destined to be permanent, but is only intended to be devoted to the detention of criminal lunatics until a more suitable edifice in the country has been erected.

It soon becomes evident to the visitor that the majority of the patients in this establishment originally belonged to a station in society above those classes who

recruit most criminal asylums. Notwithstanding the gloom and unsuitability of the building for the purposes of a lunatic hospital, and the consciousness of many of the inmates of the nature of their position, the institution is conducted with singular success. A degree of mirth and contented resignation pervades so many of the patients that the visitor with difficulty realizes the fact of its being a prison. This fortunate result arises from the circumstance that the asylum is exclusively under medical management and control, and that the resident physicians are men experienced in the treatment of lunacy, and are animated by that spirit of sympathy for their suffering fellow-creatures which is the characteristic of generous minds.

The in-door recreations in this asylum are more numerous and more systematically carried out than in many reputed asylums in England.

The cubical and superficial areas per patient are in excess of what is considered necessary in England.

The number of cases, and the severity of some, render it of great consequence that out-door exercise should be afforded to a few even in winter. A walk or a drive beyond the precincts of the prison might certainly with perfect safety be afforded to such feeble creatures as many of the inmates appear to be, and would undoubtedly be attended by most salutary results.

As many of the patients are educated people, a suitably and liberally selected library should be provided them; and the walls of the galleries and rooms require to be freely adorned with pictures; not for the sake of additional decoration, but with a view to their value as means of diverting the attention of patients.

As the afflictions of many of the inmates, particularly those of Polish origin, was induced by irregular habits, the natural result of want of occupation, no convales-

cent or recovered patient should be discharged until she or he have been taught some useful art. It has long been notorious that the perpetual strife in Poland, so prolific a cause of insanity, has been in a very great measure caused by the indolence and ignorance of the useful arts, of the petty nobles, who, being too proud or too idle to learn a trade, are unceasingly plotting against a beneficent government, in the hope of ultimately acquiring what they deem the necessary support of their titular rank, viz., the possession of serfs. Taking into consideration that the present asylum is but an expedient, it reflects great credit on its resident physicians for the skill displayed in adapting a most unpromising building to a very difficult purpose.

The asylum attached to the "First Military Hospital" contrasts unfavorably with the other departments of the institution.

The wards devoted to lunatic officers here are simply disgusting, being dark, utterly devoid of pictures, ornaments, plants, or even decent-looking furniture. The sleeping and sitting-rooms are used indifferently during the day, and they all bear a cheerless appearance, sufficiently accounting for the discontent and gloom observable among the unhappy inmates, who mope about, partially clad in sombre-looking grey dressing-gowns, apparently without any other means of diversion than smoking. Though hardly thirty in number, they distress the visitor by their very natural clamors and excitement, and painfully impress him with a sense of their forlorn and pitiable condition.

There is no book or newspaper to divert their thoughts, or to relieve the monotony of their existence. The triumphs of Russian literature might have had no existence, for all the pleasure or benefit it confers on them. The inimitable wit and humor of the fabulist Kreloff,

the curious research and graceful diction of the historian Karamsin, and the beauty and originality of the poet Pouschkine, may meet with as keen an appreciation in an asylum as out of one, and afford as much relief to the subject of mental disease as to the sufferer from bodily disorder.

The first military hospital is surrounded by extensive, though ill-kept, gardens; practically, however, they are not for its insane inmates, who are confined within-doors with a rigor which must be disastrous in its effects on their mental and bodily health, and certainly ill accords with the enlightened wishes of the Imperial Government.

The lunatic soldiers confined here fare better than the officers, having a spacious gallery to walk about in, whereas the wards previously described are comparatively small rooms.

Not the slightest attempt has been made to adorn the wards by pictures or other means, nor are any amusements provided. There is absolutely nothing to divert the melancholiac from his distressing thoughts, or to rouse the dement from his stolidity and mental inanition.

As in other asylums in Russia, the food here is superior in quality, variety, and quantity, to what it is possible to afford public patients in England, where the necessaries of life are so much dearer.

The visitor leaves the lunatic department of the First Military Hospital of St. Petersburg with a heavy heart, impressed with a conviction that its managers have ill prepared themselves for their vocation, and devoutly praying that that Government in whose service the poor soldiers, among whom (as has been unhappily the case in England) is many a Crimean hero, lost what is far dearer than life—their reason—may soon transfer

them to quarters more suitable to their condition, and commensurate with the sacrifices they have made in the pursuit of duty.

The asylum attached to the "Second Military Hospital" is connected with the "Medico-Chirurgical Academy," and has been designed, or rather adapted, by Dr. Belinski, the Professor of Psychology in that Institution, with a view to instruct his very numerous pupils.

Other than military men are received; and persons of both sexes may enter as private patients. There are in all about two hundred, the high reputation of the Professor rendering the Institution the favorite asylum in the city.

The building is of quadrangular form and rather extensive; behind it are several large and small gardens.

It having been instituted by the Government for the special purpose of educating young physicians in the treatment of the insane, with a view to their subsequent employment as managers of asylums in course of erection, it is unique in its appointments and structural arrangements. There are six paid medical officers, the superintendent receiving about £150 a year more than his subordinates. The attendants are in the proportion of one to four patients.

The building is constructed in numerous apartments, for the purpose of affording accommodation to patients belonging to different ranks of society, and to facilitate clinical study without inconvenience to the inmates.

Classification of cases is carried out to a greater degree than obtains elsewhere. All medical students who contemplate adopting Psychology as a specialty are required to do duty as ordinary attendants during six months.

All the patients are under constant observation night and day, this practice being facilitated by the internal

plan of the building, which is that of passages about six feet wide, into which open the common day-rooms, the dormitories, and the apartments for the wealthier private patients.

Attendants walk up and down these corridors like sentinels, and are enabled to see the interior of the rooms without being seen; this advantage being gained by keeping the patients' apartments much lighter than the passage, and placing wire blinds behind the inside windows of the room, which also furnish light to the passages.

This arrangement also offers opportunities for the delivery of short clinical lectures to a small party of quiet students without disturbing the patients, though with many of the public patients who are demented and unexcitable no particular precautions nor ceremony are exhibited.

Though so many attendants are on duty here night and day, no *preventive* measures have been systematically adopted in wet and dirty cases, the natural result being that instances of this kind are common enough every day. Dr. Belinski, however, with that readiness to adopt a good suggestion so characteristic of a well-disposed mind, intends immediately to remedy this defect in the manner adopted in well-regulated asylums in England.

Mechanical restraint is professed, but rarely adopted, the battenned, padded, and strong rooms being found equal to most emergencies.

Now and then it is resorted to in certain destructive cases, but Dr. Belinski entertains the hope of soon being able to dispense with it in these instances, the difficulty at present being the excessive cost of sufficiently strong clothing material, which is imported from England.

In the treatment of certain forms of lunacy, and its general hygienic influence on all classes of patients, Dr. Belinski is a believer in water. Hence, he has fitted up in this asylum an elaborate system of baths of various kinds; and, though water is a dear commodity in St. Petersburg during winter, he can afford each of his two hundred patients a bath of fresh water any day of the week, a necessity which only the very best asylums in England can supply.

Dr. Belinski has had a miniature crystal palace constructed for winter promenade and recreation; it is well ventilated, and adorned with a superb fountain in the centre and numerous exotic plants, which impart to it an aspect at once refreshing and elegant. Among a people so partial to social intercourse and fond of amusement, abundant means of recreation are indispensable in the treatment of the insane. Dr. Belinski recognizes this necessity, and has met it in a more complete manner than has been accomplished in England. In addition to billiard-rooms, well stored reading-rooms, and a variety of gymnastic apparatus, balls, parties, and entertainments of various kinds are given throughout the year, on a scale and with a degree of regularity their incalculable importance as curative agencies calls for. At these re-unions, always conducted with becoming decorum and ceremony, benevolent persons of rank frequently take part. Attempts are made to draw out particular patients, and all are gently encouraged to contribute to the common amusement by a display of their individual gifts.

The history of the asylum, though short, has satisfactorily proved the compatibility of clinical instruction with successful domestic management and medical treatment. It has been observed that the majority of the public patients soon become accustomed to the few stu-

dents who accompany the medical officers on their professional visits, when the young gentlemen comport themselves with ordinary discretion; indeed, many of the unhappy creatures appear to derive benefit from the intercourse.

Instruction is afforded on a definite plan. Each physician delivers, in a leisurely manner, short clinical remarks to his small class, in illustration of the lectures previously delivered by the Professor. A knowledge of diagnosis, prognosis, and the details of treatment, is imparted at the same time. Each student has one or two typical cases allotted to him, which he is required to observe and study minutely, taking extensive notes of their progress, recording all evident changes in their bodily and mental condition, the results of a quantitative and qualitative analysis of their urine, &c.

After having attended the University course of lectures on Psychology, and passed through the clinical ordeal, including the six months' residence as an attendant, a student is considered eligible for the position of resident medical officer in a lunatic hospital.

The asylum for the insane connected with the "Second Military Hospital" of St. Petersburg is the most interesting feature of that extensive Institution, and reflects equal credit on the Imperial Government for its liberality and wisdom in according *carte blanche* to competent medical authority in all that concerns its structural arrangements, and domestic and general management; and on Dr. Belinski for the masterly manner in which he has acquitted himself of his onerous task.

The Asylum for the Insane of Copenhagen and the Island of Zealand is situated at Bistrupp, about fourteen Danish miles from the capital.

It contains about 500 patients, public and private; and is under the management of Dr. Woldemar Steenberg.

The main building has a handsome elevation, and in its external appearance leaves little to be desired. It consists of a central block and two retreating wings. The interior does not realize the anticipations formed on a view of its handsome exterior and its lovely gardens.

It appears that the evident decadence of Danish power of late years has so afflicted the national sentiment as to induce a general gloom and melancholy. The traveler may walk through Copenhagen without meeting a single smiling countenance.

A conviction pervades the Danish nation that it is doomed to absorption by Germany; and this feeling has induced a settled melancholy, which the universal well-being of the people and the excellence of their Government only contribute to make more conspicuous. In social intercourse the destiny of the nation is constantly discussed and lamented. One result of this painful feeling is an increase in the proportion of lunatics to the general population.

The predominating form of mental disease is melancholia, characterized in the majority of instances by a distressingly strong tendency to suicide.

The new edifice has been designed with a view to meet this difficulty; but, unhappily, the structural arrangements adopted are calculated to intensify the depression of patients without affording the desired increased security; the galleries, though spacious, are insufficiently lighted, utterly devoid of pictures or any pleasing object to delight the eye; the windows are placed at six or seven feet from the ground, each frame being sufficiently large to admit the passage of a man's body. This arrangement imparts to the galleries an aspect of intense gloom; and experience has proved it to be quite inadequate to effect the object it was designed to accomplish. Melancholiacs, of all patients,

require an abundance of light, and the opportunity to witness cheerful and busy scenes without being observed. Were the windows in these galleries on a lower level, and the panes of glass smaller, the wards would be lighter and more cheerful, and the attention of their inmates would be frequently diverted by views of the surrounding beautiful scenery, and by witnessing the labors of their less afflicted companions in the grounds, increased security being at the same time afforded.

It is gratifying to know that Dr. Steenberg, the medical superintendent, whose labors on behalf of the insane have gained for him a high reputation in Denmark, recognizes the defects in the building, and that the municipal authorities of Copenhagen are engaged, at his instance, in remedying some of them.

Among other improvements, pictorial scraps taken from the illustrated newspapers, and surrounded by a paper frame, are to be affixed on the walls of the galleries, as is done with such good effect in many public asylums in England. Mild mechanical restraint is occasionally resorted to during the day in particularly destructive cases, but Dr. Steenberg contemplates abolishing it entirely, substituting for it the use of clothes made of particularly strong textures, the English locked button, special supervision, and the other measures well known in Great Britain.

The sea-weed, which in our asylums is found so suitable as a stuffing for beds intended for inveterately suicidal cases, for whom other reasons render it necessary single-bedded sleeping apartments should be provided, is not used in Denmark, though it abounds on the Scandinavian coasts.

The main building does not contain more than half of the entire number of patients, the remainder being located in the adjoining castle (?) and in some lone huts

surrounding a square yard. The ancient castle is not ill adapted for its present purpose, though the sheds would but make indifferent stables, and are so full of patients that the beds are but a few inches apart.

Amusements are not carried out in this asylum with the regularity and vigor their influence as therapeutic agents, and the singular preponderance of cases of melancholia, would lead the visitor to expect. Labor, however, being more in harmony with the national habits, is resorted to to an extent exceeding what is customary in nearly all asylums in England and elsewhere, the celebrated institution of Clifton, near York, excepted.

When the Copenhagen municipality have carried out some of the enlightened views of Dr. Steenberg, their asylum will bear a favorable comparison with the most reputed in Europe.

At present the traveler is spared the hideous scenes of mechanical restraint so frequently witnessed in the asylums of France and some parts of Germany; and plainly perceives that the defects of the building, which, by the way, was designed by a non-medical person, are sought to be counterbalanced by every device which the professional ingenuity and the keen Christian sympathy of the resident physicians can supply.

Our *confreres* in the northern countries of Europe are for the most part highly accomplished, and, enjoying a happy immunity from prejudice, are nearly always ready to adopt a good idea, from whatever source it may come.

Through the medium of special associations, they are kept *au courant* of the psychological literature of the day.

Recently an attempt was made to organize a psychological congress for the Scandinavian kingdoms, which, unfortunately, failed. A general wish, however, pre-

vails among the medical superintendents that the forthcoming exhibition in Paris may afford the occasion for realizing the object on a larger scale and in a more complete manner.

As at the present juncture so many countries are either reorganizing old or erecting new asylums, a congress could not fail to effect good.

The movement on the continent in reference to the treatment of the insane is in great measure due to the reputation of the public asylums in Great Britain.

The key of the English system is "non-restraint;" it is the cause of its success, and the secret of its difficulty and expense. The principle that mechanical restraint should be completely discarded in the treatment of lunacy is based on several most important grounds; among others, that the restless, violent, or boisterous conduct observed in many cases, acts as a safety-valve to the disordered system, and tends to restore the disturbed nervous equilibrium; that when patients, in consequence of mechanical restraint, are unable "to have their fling out," the duration of the nervous excitement is greatly prolonged, and its effects on the structure of the brain are of an injurious and more or less permanent character.

Bodily restraint discourages the restoration of the power of self-control, debases patients in their own estimation, developes the worst vices of attendants, has an unlimited power of growth, and in practice is found almost insusceptible of being restricted within moderate bounds. In Russia, where the most earnest desire exists to introduce our method, the severity of the climate offers increased difficulties. There can be little doubt, however, that the vigor and determination of the Imperial Government will overcome all obstacles, natural and artificial, and that throughout the vast empire insti-

tutions for the treatment of the insane will in a few years exist, which, for perfection in arrangement and the skill and humanity of the managing physicians, will be worthy of the new social career on which she is entering, and becoming her position among the nations of the earth.

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Insanity in its Medico-Legal Relations: Opinion relative to the Testamentary Capacity of the late James C. Johnston, of Chowan County, North Carolina. By Wm. A. Hammond, M. D., &c. New York: 1866.

The first part, embracing about two-thirds, of this pamphlet of seventy-two pages, is an essay on the subject of insanity in general, with an attempt to show that lucid intervals do not occur in monomania. The second is an inquiry into the testamentary capacity of a person whose will was contested by the heirs-at-law.

In his preliminary essay, Dr. Hammond first sets about providing himself with a definition of insanity. He confesses this to be extremely difficult, but, after citing and commenting upon a number of others, finally submits the following: "A general or partial derangement of one or more faculties of the mind, which, whilst not abolishing consciousness, prevents freedom of mind or of action." Perhaps the phrase "general or partial" might better have been omitted. The meaning of the word partial, so far as it respects the extent of the insanity, is conveyed in the phrase "*one* or more faculties," &c. We cannot, of course, suppose that Dr. H. intends to recognize an insanity which is partial in degree. Insanity consists in the absence of moral liberty; and, for

all purposes of human knowledge, this moral freedom and its opposite are without degree. Man can, or he cannot. In this sense, he must be sane or insane. The main point, as the writer truly says, is "that the ability, which all persons of sound mind possess, to think and act freely, is destroyed during the continuance of insanity." This is a prominent part of nearly all the attempts at a definition of the disease, but does not go far towards defining what is in fact indefinable.

Of all the classifications of insanity, Dr. H. prefers that of Esquirol. It seems to him "to fulfill the necessary requirements of simplicity and correctness better than any other ever made." And again: "It has stood for over thirty years without being improved," &c.

We cannot agree with the writer in this opinion. The scheme which would include monomania and melancholia as equal grand divisions with mania and dementia, seems to us to lack something that is essential to scientific method. We admit that there is, at first sight, a simplicity in the classification of Esquirol which is very much in its favor; but when the divisions of monomania as laid down by him are studied, it will be found, we think, to have no advantage over others in this respect. If simplicity is the first requisite for a classification, that of mania, melancholia and dementia should be preferred.

But we must notice an error in the writer's apprehension of Esquirol's scheme, arising out of the use of the word *delire*. This word is often used by French writers in such a way as to seem to denote disorder of the intellect only, as distinguished from the feelings and instincts. But Esquirol gives to it a meaning more comprehensive than we attach to the words delusion or delirium. In his definitions of lypemania, monomania and mania he by no means intends to limit its signifi-

cation to "a perversion of the understanding," as Dr. Hammond translates. The three orders of mental faculties are made the basis of a sub-division of these primary classes of insanity, in another part of Esquirol's treatise. By the use of *delire*, he means to say nothing more definite than that the insanity is confined to one or a few objects in lypemania and monomania, while in mania it extends to them all. This is apparent when, in treating of monomania at length, he describes it as "characterized by a partial disorder of the intellect, the affections, or the will." At this point, also, Dr. Hammond falls into another error, which we have met with more than once before. Speaking of the instinctive monomania of Esquirol, he says: "For the last mentioned form of mental derangement Prichard invented the name Moral Insanity." Now, as Dr. Tuke has pointed out,* it is to the affective monomania of Esquirol that "Dr. Prichard's observations on moral insanity more especially apply." The "reasoning mania" of Pinel and the "insanity of action" of Brierre de Boismont, also correspond to this division. We are glad to find, however, that, in spite of his classification, the writer does not subscribe to the theory of moral insanity, but thinks "it is very doubtful if the moral faculties of the mind can be deranged without the intellectual participating in the disorder."

Next comes the important question of lucid intervals. Much has been written by members of our specialty in opposition to the theories of the law upon this subject. In a former number of the JOURNAL† Dr. Ray, in noticing Redfield's Law of Wills, expresses the general sense of medical opinion in regard to it. But this opinion, as we understand it, is rather of a negative than of a

* Manual of Psychological Medicine, p. 189.

† No. IV., Vol. XXI.

positive character. It maintains that where the symptoms of insanity in a given case are temporarily absent, we ought not therefore to assume that the mind is free from the influence of disease. From its usually chronic character, and from the analogy of other diseases, the presumption should be that the insanity is continued. The doctrine of the writer, however, goes far beyond this. He says: "Whilst I doubt the existence of lucid intervals in any form of insanity, I am very sure they form no part in the course of monomania." Now, we confess ourselves unable to see any way in which this dogmatic assertion is to be maintained. If the writer's criterion of insanity embraced mental and physical symptoms, developed in due time and order, it could even then hardly be done. Certainly it is impossible in view of the definition and classification of insanity which he has adopted. The mental symptom, according to the language used, is the disease. Monomania may be constituted, it is said, by a single false conception, a single morbid feeling, or a single overpowing impulse. When these are removed does the disease remain? If so, how does it declare itself? Dr. Hammond will not venture to say that monomania is never recovered from, or that when recovery takes place a relapse cannot occur. Must this relapse necessarily be postponed for a year, a month, a day, an hour? How can he, then, absolutely deny the existence of lucid intervals? Such a doctrine seems to us only calculated to bring into discredit the opinions of medical men on the whole subject of insanity.

The opinions and cases quoted, which teach the extreme caution to be used in the admission of lucid intervals in insanity, are numerous and instructive. The legal relations of monomania and lucid intervals are also clearly set forth, chiefly through a reference to impor-

tant cases with which our readers are already familiar. Dr. H. also gives several interesting cases which have come under his own observation, to illustrate these points.

In the second part of his pamphlet, we miss very much a complete medical history of the case. In the special plea of a lawyer against the validity of the will in question we should not expect such a history, but in a medical opinion the omission is not easily accounted for. None of the early symptoms of the insanity are given, and no connected or particular account of its progress. We are told that "the testator had been insane for fifteen years prior to the execution of his will, and his sister was similarly affected. His attacks of delirium were paroxysmal in their character, and in the intervals he would be of apparently sound and healthy mind." It would be interesting to know at what periods and of how long duration these paroxysms were, and what changes in the character of the testator revealed themselves during these fifteen years. We should naturally view such a case as one of paroxysmal mania. The writer, by terming it one of monomania, creates for himself the necessity of bringing the subject of delusions into special prominence. This he meets by such reasoning as follows:

> That there was delusion of some kind is very evident, for the attempts at self-destruction, and to kill a dear and attached relative, sufficiently show that a morbid impression existed, impelling him to act as he did. It is beyond question that, had he succeeded in either endeavor, he would have been regarded by a coroner's jury in the one case and a jury of a court trying him for his life in the other, insane, and consequently not responsible for his conduct. The attempts at suicide show the existence of a delusion of which he himself was in some manner the subject. The insane never try to destroy themselves from sheer wantonness; there is always a motive—a false one it is true, but yet one of terrible power over their minds.

It is possible this will not be considered quite conclusive. Why may not the insane act from sheer wantonness as well as the sane, and have we not equal reason to suppose that they sometimes do? Nor is their motive always a false one. We have known insane persons give as good a reason for their attempts at suicide as it would be possible for any sane person to give. It is the merest assumption to say, then, that these attempts "show the existence of a delusion." It seems to us the writer should have based the insanity in this case directly upon the maniacal paroxysms. Delirium is the true mother of insane delusion. Delusion is, indeed, generally, the chronic and secondary stage of which delirium is the acute and primary. He could not have maintained, of course, that in the intervals between these paroxysms delusion must necessarily have remained; but he would have taken a better standpoint from which to urge their probable existence.

Apart from these exceptions, which appear to us mainly due to a lack of personal experience of the insane, this opinion has all the marks of wide research and powerful reasoning which are known to characterize the author's works. As it is understood to be the intention of Dr. Hammond to devote himself hereafter particularly to the specialty of mental and nervous diseases, we shall hope to receive many contributions from him of this kind. The field is a wide one, and has not hitherto received anything like the cultivation it has deserved, in this country.

A Treatise on Emotional Disorders of the Sympathetic System of Nerves. By WILLIAM MURRAY, M. D., etc. John Churchill & Sons. London: 1866.

This treatise on emotional disorders seems to us chiefly valuable as pointing out the way in which a large class

of diseases may be profitably studied. It cannot be doubted that the emotions and appetites play an important part in the origin and direction of disease, and it is equally certain that upon no other point is our pathology so lamentably deficient. Dr. Murray, then, has undertaken an important work, and we regret exceedingly that we cannot add, one for which he is well and thoroughly fitted. If his book were the unaided result of his own observation and reflection, at the very beginning of knowledge in its department, we should consider it worthy the highest praise. But the physiology of the nervous system and medical psychology have at least reached their primary stages, which it is necessary to master before a treatise on emotional disorders can be profitably written. The methods, and even the language, of these studies ought also to be adopted in such a treatise.

But in all these Dr. Murray, has failed, and this failure has nearly destroyed the value of his book. Its chief use to the medical man will be found in its suggestiveness. Viewing the emotions apart from the mind in general, and the sympathetic as separate from the nervous system, many cases in the mind of the reader will present themselves in a new and interesting light.

We shall conclude by copying from the close the following summary of its contents:

Proposition I.—The emotions injure the body most commonly by their effects upon the viscera, through the sympathetic system of nerves.

Proved.—a. By comparing the action of emotion on blood-vessels, non-striped muscle, and glands in *external* parts, with the established functions of the sympathetic nerves supplied to these parts, the two are found to be identical.

b. Effects which cannot be produced by volition or cerebro-spinal nerves in these parts, are easily produced by emotion and sym-

pathetic nerves, therefore emotion acts on these parts through the sympathetic system.

c. Symptoms occur during the prevalence of strong emotion which indicate alterations in the internal viscera similar to those which occur in external parts, viz., changes in the vascularity, secretions, and muscular actions of those viscera which are largely supplied by sympathetic nerves; therefore, from the nature of the effects produced, and from the relation of the parts acted on to the sympathetic system, it appears that emotion acts on these parts through the sympathetic system.

Proposition II.—There are disordered states of the viscera which powerfully induce those emotions which are injurious to the body; these effects are produced through simultaneous disorder of the sympathetic system.

Proved.—a. There are always, accompanying depression of spirits, symptoms which depend upon disordered action of the sympathetic system, *e. g.*, "the flushings of the change of life."

b. Morbid emotional sensations are always felt in those regions where the great sympathetic centres lie.

c. The capability of a diseased organ to excite these emotions is in proportion to its supply of nerves from the sympathetic system.

d. Treatment which addresses itself to the sympathetic system, and seeks to relieve it, (*e. g.*, the solar application of compresses on the site of the plexus) is undoubtedly successful in dispelling morbid emotion.

e. The above sequence of events cannot be accounted for by disturbance of the cerebro-spinal system only; we are therefore driven to the conclusion that, as the medium of communication between the cerebro-spinal system and the viscera, the sympathetic system also becomes the tract through which emotion finds its way to the viscera; and, conversely, it is the channel by which the viscera influence the emotions. When the sympathetic system itself is out of order the emotions suffer with it.

SUMMARY.

ASYLUMS FOR CHRONIC INSANE.—The subject of separate asylums for the chronic insane is again brought before the profession. Dr. Cook, the almost solitary advocate of this system, whose paper, read before the Association of Medical Superintendents of American Institutions for the Insane, was published in this JOURNAL a year ago, and whose conclusions were unanimously rejected by the Association at the same time, now finds a second for renewing the contest, in the person of Dr. Chapin, his colleague, whose paper, read at the late meeting of the Association, we have received for publication in the present number. Those of our readers who have but recently become subscribers to the JOURNAL will have to go back to Dr. Cook's paper of a year ago, to find the argument for chronic insane asylums as strongly and elaborately reasoned out as the case admits of. Dr. Chapin's article positively adds nothing new, while it does not even embrace some of the considerations which gave the former paper a degree of plausibility and force. Our own position on this subject has been at least clearly defined and well understood, and hardly needs further vindication. We believe it is just that held by the great mass of the profession. Drs. Cook and Chapin found, at least, that it was the firm, decided conclusion of the Association, after thorough and exhaustive discussion of the whole matter; and that, too, although the resolution in favor of separate asylums for chronic insane, proposed for its action by Dr. Cook, presented a most ingeniously worded alternative between the present system of county-house care and the

plan they wished to introduce. The author of the present paper finds a reason, however, for continuing agitation, in his belief that medical practice, like legislation, must change with time and changing circumstances. But he fails to show any new facts or any changes, as yet, which can even afford a pretext for altering the decision of the Association. He endeavors, indeed, to refute our principle that the stream of chronic lunacy should be arrested at its source by increasing the facilities for hospital treatment in the early stages. And how does he meet this principle? By actually denying the fact, which has again and again been clearly shown by experience, of the curability of insanity His remarks on this subject will be regarded by many as tending to call in question the real value of such costly and extensive agencies for the medical treatment of insanity, at all. The various plans for bringing about the separation of chronic from recent cases were all substantially discussed in the paper of last year, not even excepting Dr. Lee's proposal of farm-cottages in connection with hospitals for treatment. "Harmless Insane" are, we believe, quite as capable of being taken care of in their own homes and in private families, (and thus as truly enjoy "free air and family life") as they would be under such arrangements, which would be more complicated if not more expensive than the present hospital system. This is now practically carried out to a large extent in th's country, and will undoubtedly continue to be. The asylum at Utica discharges a number of "harmless insane," uncured, every year, who reside in their families and are useful there. We therefore entirely dissent from the impracticable suggestion of Dr. Chapin "prohibiting by statute the discharge of an indigent or pauper patient unless restored." Certainly under the existing system the labor of the insane can be and is

utilized to the full extent desirable, while, as Dr. Kirkbride, the President of the Association, has so forcibly suggested, the chronic insane require no more food and clothing, warmth and fresh air, in our present asylums than they would or ought to have in separate institutions.

And as to the French Commissions we apprehend that it will discover no more than has already been revealed by the various phases of European experience. In fact, the utmost improvement that the best authorities can bring themselves to contemplate with the hope of success is a more extended classification under the same general hospital management, which may, possibly, lessen expense and simplify the question of care and attendance; and this, it is believed, will be sufficiently accomplished by simple ward extension, under the present system. It is on this view that Dr. Nichols felt warranted in increasing the number capable of being accommodated in one institution from 250 to 600, in his resolutions of last year, which were adopted by the Association. Any mere general receptacle for chronic insane, for purposes of custody alone, must inevitably degenerate into a very Bedlam, such as Dr. Brigham described at Genoa, and as, with his usual sagacity, he expressly predicted must arise out of any attempt to get rid of the chronic insane entirely from our present hospitals. Dr. Chipley only declared a profound truth in human nature when he said that no institution could be kept up to a humane standard, that had not a certain proportion of curable cases in it. At least all who have had any experience in the internal management of asylums for the insane must at once recognize the reasons of this statement as obvious. The most forcible consideration dwelt upon by Drs. Cook and Chapin, one which in fact originated in the report and memorial of

the Superintendents of the Poor in 1856, is of course the question, What is to be done with the insane poor in the county houses? The Association answers, Let hospitals be multiplied in every State until they shall bear the proper proportion to the population. Besides, that argument really supposes too much which takes it for granted that the county poor houses are or ought to remain in their present condition, whether among the poor people who inhabit them any insane person shall be included or not. From present appearances, the current of public opinion is taking a direction in harmony with the results of medical investigation, as declared by the Association. The action of New York, Connecticut and Ohio, in establishing additional hospitals, and that of several States in enlarging existing ones in accordance with the resolution of the Association, gives gratifying confirmation to this statement.

As to Dr. Benjamin Workman's paper, we are tempted to repeat the criticism of Dr. Johnson on one of Otway's dramas: "What a deal of mischief a farthing rush-light would have prevented!" So what a deal of trouble the proper carrying out of the law originally establishing the Toronto Asylum would have saved. Not "the defect of the law" so much as "omitting the two wings," in the first place, was what led to the temporary makeshifts of "branch asylums," extemporized in barracks, jails, &c. The whole article seems to us but a sort of apology for a neglect of proper duty and energy on the part of those who should have seen that the original provision for this class of people kept pace with the increase of population. We are glad to see that one of these "branch" establishments has at last been exalted to the rank of an independent hospital for treatment, and that the original institution, at Toronto, is now undergoing suitable enlargement. We trust the same

course will be taken with other "branches," and proper buildings provided for hospital treatment, which it appears they have not now. To the advocacy and persevering energy of Dr. Joseph Workman, the people of Canada are mainly indebted for this new impulse for the completion of the Toronto Asylum, and the general efforts for the insane in the Province.

We regard the previous discussion of this whole subject as sufficiently conclusive, but as these papers have been brought to the attention of the Association, and sent us for publication, we have thought it but proper to accompany them with this brief notice, for the benefit of those who have not hitherto been readers of the JOURNAL OF INSANITY. In parting it might not be considered unreasonable to suggest that, if the advocates of chronic isolation are disposed to give evidence of that sincerity which shows its faith by its works, one of them should be appointed to take charge of the first institution of that kind established among us—perhaps that at Tewksbury, Mass. If there is a tithe of the ground for hope of success which they have so confidently expressed, the way is open for one of them, by practically inaugurating the system, to achieve a brilliant reputation. And if a trial is to be made of a system involving so much, it is eminently due to its projectors and the public that it should be inaugurated, and its success or failure demonstrated, by those claiming its superior advantages. We trust those having the authority will call to this first-opened institution one of the most experienced advocates of separation. It would be a grave blunder to place such an establishment in the hands of an inexperienced person, no matter what his attainments may be as a physician, or under the care of one who, with experience, may not have much or any hope for its ultimate success.

Connecticut State Hospital for the Insane.—It is gratifying to record the rapid progress made in this new institution. It had its origin in the Legislature of 1866, which appropriated $35,000 as a beginning, and the present Legislature has appropriated $156,000, to complete the centre-building and two wings.

The grounds, consisting of 158 acres of land, valued at $32,000, were presented by the city of Middletown. The site of the Hospital is one mile and a half below the city, on elevated grounds overlooking the river, and about half a mile from it. It is healthy, easy of access by land and water, and commands an extensive view of the surrounding country. A most excellent feature of the site is the absolute control which it confers of a small creek, with an abundant supply of water rising to the height of seventy feet above the foundation of the buildings.

The following description of the plans and the progress expected to be made is taken from the first report of Dr. Shew, medical superintendent.

The whole length of the buildings, when completed, is intended to be seven hundred and sixty-eight feet, with accommodations for at least four hundred and fifty patients.

The central building will be sixty feet in width, by one hundred and twenty feet in depth, four stories in height, and will contain the necessary offices, kitchen, dispensary, patients' reception rooms, apartments for officers and employes, chapel and amusement hall.

There will be, also, six retreating wings, three on each side, of three stories in height; and four return wings, two on each side, of two stories in height.

It is proposed this year to proceed only with the erection of the central building and one wing, with its connecting transept on each side of the centre, of one hundred and twenty-four feet each, making a frontage of three hundred and eight feet, with accommodations for at least two hundred patients.

The commencement of the Hospital buildings with the central building and adjoining wings, was determined by motives of econ-

omy, as will be evident when it is considered that in the central building are to be placed the rooms for the assistants and personnel of the institution; and of the kitchen and store-rooms, which thus will be permanent, supplying by tram-ways in the cellar food and necessaries to all the wings and stories of the Hospital, as they shall be built. If this plan had not been adopted temporary kitchens and offices would have been required, and, to some extent, double expense and removals made necessary. Time and expense will, by the plan adopted, be largely saved.

All the buildings are to be constructed of Portland Free Stone, laid in broken range-work, with hammer dressed stone for corners, water-tables, window-sills and caps.

On the 20th of June last, the corner-stone of the main edifice was laid with ceremonies of unusual interest. Among those present were the Governor and Lieutenant Governor of the State, nearly all the members of the Legislature, and the city officials of Hartford, New Haven and Middletown.

President Cummings, of the Wesleyan University, delivered the address of welcome, to which Governor Hawley replied in behalf of the Board of Trustees of the Hospital. Governor Hawley's address, as reported in the *Hartford Daily Courant*, is as follows:

President Cummings and fellow citizens: I had the honor to be associated last year with the Trustees of the State Hospital for the Insane, and I could not deny myself the further honor of responding for them at their request.

Acknowledging gratefully the hospitable terms in which, for the people of Middletown, you have welcomed us to this beautiful spot for this noble purpose, let me gladly seize this most favorable opportunity for spreading widely through the State a knowledge of their generosity and public spirit. The Trustees looked anxiously and for a considerable time for a suitable location for the Institution. The leading citizens of this city, apparently and doubtless truly speaking the unanimous voice of the people, said to us, "Look at these hills and valleys, and all these fertile and picturesque farms, and select the site that pleases you best." We had but to signify our wishes, and they were granted. They have given to the State

and to this work of humanity 150 acres of excellent land, valued at over $30,000, and the Trustees purchased eighty acres more afterward. As you may, and we hope will, satisfy yourselves by personal examination, the place is capable of great development in all things beautiful and useful. A portion of the land is wonderfully fertile. The pure and abundant mountain stream, in its noisy way through ravines and down rocky cascades, and the widely diversified surface of the whole, invite the artist to display his utmost skill in beautifying the landscape. Following the brook a short distance toward the hills you will find the reservoir, which, with a head of seventy-two feet, will give the hospital a superabundant supply of water for all the purposes of the fountain, the bath, the laundry, the kitchen, the ventilating apparatus, the machine shop, and for protection against fire, conducing greatly to health, beauty and economy. The people of Middletown have built for us a wharf, as you have seen, most convenient for all necessities. They have closed old highways and opened new ones. Thus much as a community cheerfully, indeed eagerly and enthusiastically. As individuals, according to their several callings and abilities, they have offered the most favorable contracts under terms which evidently left them no profit in furnishing the various materials for the intended edifices, and they offered to wait without additional charge until the Assembly should vote the money.

And the names of the new local trustees lately added to the Board, Hon. Benjamin Douglass, Hon. Julius Hotchkiss, and the Reverend head of the University, who has just addressed us, are a guaranty that these liberal beginnings will be succeeded by a steady, friendly interest and watchful guardianship. The Trustees here, now, for themselves and for the multitude present and future who will be attached to or benefited by this charity, return their most heartfelt thanks to the people of Middletown.

The history of such efforts as this is frequently marked by hesitating grants of money through a long series of years, amounting to double or treble the sums that private enterprises would expend in producing similar results; and by favoritism in contracts and appointments, useless display, general extravagance, and even fraud. More cannot be asked than that this institution shall be as free in the future as it has been in the past from such misfortunes, errors, and crimes.

Permit me to note the wise and large-minded action of the General Assembly. The necessity for action was conceded as soon as the facts were fully exhibited. By the report of the commission of

1864 it is ascertained that there are more than over 700, and probably over 1,000 insane persons in the State. There are about 150 now cared for by State aid, in that private hospital, the Hartford Retreat for the Insane, whose very able, liberal, and wise management has long postponed the necessity of this work. And there are more than 200 in the alms-houses of the towns, where it is altogether impossible that they can be treated as common humanity and the honor of the State require. The moneys expended by the Commonwealth and the municipal corporations in these various unsystematic and unsatisfactory ways, are probably sufficient, when concentrated upon this institution, to take proper care of these unfortunate brothers and sisters. But the General Assembly made no attempt to avoid its responsibilities. The Assembly made no nice calculations of profit and loss in dollars and cents, though it would be easy to show that that State makes most money which best cares for the destitute and suffering.

It was only necessary to show, by the reasonably careful estimates of judicious men, what was needed, and it was voted. We speak of this as generosity, and the word naturally comes to one's lips, because the prompt, precise, and full performance of even plainly imperative duties by legislative bodies upon matters involving a liberal expenditure of money, is not so commonly the rule as to make the language of eulogy seem altogether gratuitous. The General Assembly has only professed to be performing a duty and discharging a clear obligation to the most sadly afflicted and unfortunate class among us; and yet it has been done so cordially that none who have this enterprise at heart can refrain from expressing their gratitude, and feeling an accession to their just State pride.

The trustees would not excuse me, nor could I dare to ask it, were I to omit to mention the name of Miss Dorothea L. Dix. With a sagacity, perseverance, and unconquerable energy that men too often have the vanity to claim for themselves alone, and a pure refinement, gentleness, and great-hearted love that only woman has shown, she has devoted a life to the inauguration of such enterprises, and tens of thousands of the afflicted will forever bless her motherly and sisterly care and wisdom. Her wise suggestions have been of inestimable value.

Though saying these things in behalf of my late associates of the Board, the fact that I shall not be again officially connected with them gives me liberty to remark that, by their love of the labor, by their fidelity, and by their judgment, born of long experience in the practical matters of life, they are justifying the great confi-

dence reposed in them. And we believe that they have been exceedingly fortunate in the choice of a superintendent, whose ability, industry, energy, and professional skill will give this hospital a place in the highest rank.

We are told that in examining all that has come down to us of the most renowned heathen nations of antiquity, whether in their written volumes or among the still magnificent ruins of their architecture, we shall find no traces of state organizations or institutions for purely charitable uses—no homes, hospitals, asylums, or retreats, under the state's parental care, for the sick and destitute, the blind, the deaf and dumb, the imbecile, the widows and orphans, or the insane. These are the glories of a Christian civilization. A great man somewhat surprised us a few years ago by exclaiming with emphasis, "There is no Christian nation!" yet the world stopped but for a moment to think, and then confessed, "It is true—no state or nation that in all its actions is guided by the precepts of Revelation." But the world is surely growing better from generation to generation. This foundation, this large assembly, this warm and harmonious purpose—these are among the countless evidences of later centuries. You remember the pleasant fancy of Leigh Hunt. Abou Ben Adhem "awoke one night from a sweet dream of peace," and saw in his room—

> An angel writing in a book of gold:
> Exceeding peace had made Ben Adhem bold,
> And to the presence in the light he said,
> "What writest thou?" The vision raised its head,
> And, with a look made all of sweet accord,
> Answered, "The names of those who love the Lord."
> "And is mine one?" said Abou. "Nay, not so;"
> Replied the angel. Abou spoke more low,
> But cheerly still; and said, "I pray thee, then,
> Write me as one that loves his fellow men."
> The angel wrote, and vanished. The next night
> It came again, with a great wakening light,
> And showed the names whom love of God had blessed,
> And lo! Ben Adhem's name led all the rest.

And a greater authority has declared of the general duties of brotherly love and kindness, "Inasmuch as ye have done it unto one of the least of these my brethren, ye have done it unto me." We are then confident in the belief that, in discharging this day's duties, we are helping to make our beloved Commonwealth more truly a Christian State, more honored among men, and more acceptable to the Great Ruler and Father.

This was followed by an essay "On the Psychopathic Hospital of the Future," by Dr. Pliny Earle, superintendent of the State Lunatic Hospital, at Northampton, Mass.

In his introductory remarks he said, alluding to the occasion that had called the assembly together: "Although by that measure of good will toward men, which it is hoped I may not unreasonably claim, I should be deterred from the wish that any of the human race should become insane, yet, inasmuch as thousands and tens of thousands are thus afflicted, and there is every reason to believe that these cases will be followed by a certainly not undiminished succession, so long as the concomitants of civilization largely substitute to man artificial agencies in lieu of the beneficent influences of nature, I thank you for the privilege and the pleasure of joining you in the ceremonies which commemorate the addition of one more hospital for the treatment of mental disorders to the number already existing in our land. The event, at any time and under any circumstances, would be of no trifling importance, but occurring, as it does, at an epoch in the political history of the nation unfavorable, if judged by the annals of the past or by the ordinary processes of reasoning, to the establishment of institutions which are the offspring of philanthropy and benevolence—and, furthermore, at a critical moment in the progress of the general scheme for the amelioration of the condition of the insane—it is fraught with a significance, broad, far-reaching and full of cheering hope and confidence to both the philanthropist and the mental alienist of the future. The citizens of Connecticut may entertain a justifiable pride in the position held by them and by their State in the great humanitarian enterprise, to the promotion of which the exercises of this day are devoted. If not the foremost, they were among the foremost, not only to perceive the necessities of the insane, but to work out the just results of their perceptions in the establishment of a hospital for the relief of those necessities. Of the now half hundred institutions of the kind within the limits of the United States, the *fifth* was erected almost, as it were, beneath the actual shadow of the Charter Oak."

Dr. Earle then spoke of the time, which he called the age of blood, when insane persons were treated almost entirely by bleeding, and mentioned it to the honor of Connecticut that she furnished one of the first opposers of this warlike method of treatment. Dr. Todd, the first superintendent of the Retreat, boldly resisted,

by both theory and practice, the almost universal opinion of his day, at a time when such opposition required the highest moral courage. Dr. Earle also mentioned another eminent physician, furnished by Connecticut, devoted to the successful treatment of the insane, Dr. Samuel B. Woodward. He then went into a discussion of the question whether institutions for the insane should all be hospitals, or whether some should be mere asylums or special almshouses, a discussion which he drew out at considerable length, and stated in an interesting manner.

With regard to the treatment of the insane, he said: "Of all the defects or imperfections of our hospitals, it appears to me that the greatest is the want of an organized, systematic routine of duties or exercises, applicable to all the patients, under the discriminating judgment and direction of the medical officers, and practically applied to a greater extent among the patients than any such attempted organization has ever been applied.

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The hospital should have its established curriculum, should comprehend a course of exercises, hygienic, laborious, disciplinary, amusing, recreative, instructive and devotional. The patients should go from exercise to exercise, as students from lecture to lecture. They would then be subjected, during a large part of the day, to restraining, diverting, and hence curative influences, instead of lounging apathetically, or wandering to and fro in their rooms or halls, subject to the wayward influences of their disorder, as is now too generally the case with a large proportion of them."

Dr. Earle further enlarged upon this plan; spoke of the influence of public opinion which must be resisted, as it often insisted upon a very injudicious course; and mentioned in detail some of the amusements and exercises he would have employed in hospitals. He closed with some words of special allusion to the hospital which was there to be erected.

After the reading of the list of articles deposited under the corner-stone, His Excellency Governor English made a brief address:

He said that after listening to what had been so ably and earnestly spoken, it could hardly be expected that he could say anything to add interest to the occasion. But being a son of Connecticut, he could not refrain from saying something about the State, for though Connecticut occupied so small a place in territory, yet

she had a large one in history. No State had done more for her suffering sons. First her deaf and dumb were cared for; then the State Hospital at New Haven was erected; then the State Reform School and the School for Imbeciles, and he trusted that before long an institution for vagrant and unfortunate girls would be established. He then spoke of the institution which was to be established in that place, and paid a suitable tribute to those who first brought the subject into prominence, and those who had aided the movement since.

Professor Thacher, of Yale College, also spoke briefly. He said it was peculiarly fitting that the corner-stone should be laid with Christian ceremonies and with Christian prayer. It was Christianity that had given to the State institutions for the care of idiots, and for the care of the insane poor. In the debate in the House on the appropriation for this institution, one of the most telling arguments in its favor was that of one of the older members, who solemnly quoted the sentence, "He that loveth not his brother, whom he hath seen, how can he love God, whom he hath not seen?"

Professor Thacher continued his remarks with reference to the influences which such institutions as this had, not only upon the inmates, but upon those who aid and support them. In closing, he said he was glad Connecticut was such a little State. Who would add Massachusetts, or Rhode Island, or New York to Connecticut? He rejoiced that it was such a little spot and so highly cultivated.

Governor English then smoothed the mortar upon the stone containing the deposits, and the corner-stone was lowered to its place. The doxology was sung, and the regular ceremonies of the day were over.

The Destructiveness of Insane Patients.—In the spring of 1866, the Colney Hatch Asylum, England, was made the subject of an investigation by the Commissioners in Lunacy, on complaint of cruel treatment inflicted upon certain patients. It was charged that one male patient had been kept in a room without any bedding or clothing for ten successive nights; and that another had been so kept for one hundred and forty nights, in the winter of 1864–5. These charges were, of course, repeated and exaggerated by the newspaper

press, without waiting a moment for denial or explanation, greatly to the prejudice of the asylum. An examination showed that one of these patients was confined, in a nude state, four nights, instead of a hundred and forty, and the other nearly the same time.

This affair has called forth a letter from Dr. Edgar Sheppard, medical superintendent of the male department of the Colney Hatch Asylum, in which he comments with great force and justice upon the reckless greed of newspaper conductors for sensational stories, without regard to consequences, and upon the extravagant expectations of the public in regard to the care of the insane. He says truly, that there are patients whom no possible means can prevent from denuding themselves, from destroying their clothing and smearing their persons with their own filth. It seems to us, too, that his explanations fully meet the charges of neglect and abuse made against his institution.

The letter contains, however, certain theories in regard to the destructive propensity in mental disease, which we cannot fully accept. They do not lack plausibility, and are set forth with much skill, but give us, notwithstanding, the impression of having been framed to meet the practical difficulties of the doctrine of non-restraint.

Dr. Sheppard introduces the subject as follows:

I have already explained to you (the visiting justices of the asylum) by word of mouth, that the patients in whom the destructive propensity usually manifests itself are, for the most part, of the class termed general paralytics; that their physical sensations and perceptions are impaired or annihilated; that they besmear themselves with their own filth; that their skins are of an unnaturally high temperature; that their delusions are of the grand and extravagant kind; that they will stand or sit the whole of the night naked, with their bedding and clothes heaped in one corner of the room, singing, laughing, gesticulating, and giving every evidence

of their own happiness. The only thing which robs them of their pleasurable sensations is restraint. This is why I do not practice it. I have gloved a patient at night to prevent destructiveness, but the result has never been satisfactory. The wrists have been galled by the ceaseless efforts of the patient to free himself, and if he has not destroyed his rugs he has not used them. The lunatics of an earlier day were chained and manacled—not so much for their violence as their destructiveness. They had straw to lie upon; and I believe that the playing with the straw was to them a source of infinite amusement—better for them to spend their uncontrollable energies upon than strong rugs and ticken frocks.

How, then, are patients who will destroy padded rooms, and tear the strongest rugs and blankets into shreds, to be managed? There is no other way, in the disuse of restraint, but that of turning them naked into rooms bare of everything that can serve for clothing or protection. Such an alternative, the Commissioners say, "is unheard of in this philanthropic age, and such circumstances admit of no sort of justification." We do not wonder that Dr. Sheppard feels compelled to find some other plea for refusing to employ sufficient restraint in such cases, than that it would "rob the patients of their pleasurable sensations." He writes as follows:

It should be observed that there are two classes of destructive patients. In one there is a state of dermal anæsthesia—diminished, almost annihilated, sensibility—with little or no elevation of temperature. The sense of taste here is also not infrequently destroyed or perverted, as evidenced by patients besmearing themselves with and eating their own excrement. In another class there is heightened sensibility—dermal hyperæsthesia—with great elevation of temperature. In these cases the skin continuously exposed in a room of ordinary or even low temperature retains its elevation.

Experience leads me to the belief that there is a mode of treatment—of a passive but not on that account of an unadaptive kind specially suited for these perplexing cases. Alluding to this mode, a writer in the *Medical Times and Gazette* of this week says it was "probably humane, certainly not cruel or unjust. It would have

been vastly more cruel to have increased the sufferings of the poor patients by covering them forcibly with clothing which their instincts rejected, and by the adoption of the only possible means of retaining it upon them, namely, bodily restraint. How often does each of ourselves, sane though we be, when restless and hot at night, throw off every article of clothing, except a night shirt, before we attain the sensation of comfort essential to sleep! How many of us have not been guilty even of walking about our rooms naked as we came into the world, in order to attain the same object? Is a lunatic not to be permitted a similar gratification of a harmless, perhaps beneficial instinct?"

This question exactly expresses the truth and common sense of this question. Wherever there is a hot hyperæsthetic skin, clothing of any kind is a distressing burden, and self-created nudity is the result, as being alone supportable. We have evidence of this even in recent cases of acute mania.

Of the second class of destructive patients he says:

But we have worse cases than the occasional destructiveness of acute mania to deal with. In some forms of general paralysis there is great and persistent destructiveness, with extravagant delusions, unwillingness to wear any sort of clothing, or to lie under any sort of covering. The expiring energies of life seem to be concentrated upon ripping and tearing everything that comes within reach. Some subjects of this sad disease will at certain times manage to destroy padded rooms, and it is then very difficult to know how to dispose of them. Medical treatment—digitalis, opium, the wet sheet—will not touch their malady. The hyperæsthesia and preternatural heat of skin are indications as plain as indications can be that the soft and unirritating wrappings of the atmosphere are the most soothing and adaptive clothing; and the very destructiveness of the patient is confirmatory of this view.

As we have said, these arguments are not a little ingenious, and we may now and then find a case like the one described by the writer, which may be cited in their support. But it seems to us impossible, for one who has had any considerable experience of cases of acute mania, to suppose that the propensity to destroy clothing has more to do with the temperature or sensibility of the skin than that to destroy windows, or to overturn what-

ever comes in the way. Maniacal fury is connected with delusions just as various as the cases in which it occurs, and the nature of these delusions has no constant relation to anything in the mental experience or the external circumstances of the patient, so far as has yet been ascertained.

Of the paretic class of destructive patients, he says that "the expiring energies of life seem to be concentrated upon ripping and tearing everything that comes within reach." That is, the tendency to destroy is general, as we have stated it to be, usually, in mania. This agrees with our experience of this class, and we see nothing in such destructiveness to prove that "the soft and unirritating wrappings of the atmosphere" are indicated as the appropriate clothing.

Dr. Sheppard also finds confirmation of his views in the fact that "in some cases of general paralysis this dermal hyperæsthesia and elevation of temperature are not continuous but liable to fluctuation; the destructive mania then commonly fluctuates with it." We cannot think it very remarkable that the dermal sensations should be heightened in the same ratio as the cerebral excitement, or that a maniacal paroxysm should be accompanied with increased heat of skin.

But it is hardly necessary to pursue this subject. No one can perceive more clearly than we do the evils which flow from the use of restraint in the treatment of the insane, and all who endeavor to control those evils have our hearty sympathy. Use, however, is not necessarily abuse, and those who can see no other way of preventing the latter than by advocating the entire abolition of restraint, must expect to meet with numerous practical and logical difficulties.

Provision for the Insane in Ohio.—The fifty-seventh General Assembly of the State of Ohio, during their two sessions, carried out a very enlightened policy towards the insane of their State. From the reports of the "State Medical Society" it was ascertained that from 700 to 800 insane were unprovided for, and were now in infirmaries and jails. To remedy this great evil, the Legislature directed the enlargement of the present institutions. The Northern Asylum will contain 300 patients, double its present capacity. The Southern Asylum, at Dayton, will be enlarged to the capacity of 450 patients. For the former $125,000 were appropriated, and for the latter $165,000. The work upon both buildings is in progress, and will be pushed on with energy. The buildings will be enclosed this year. The foundations were commenced last summer. Besides these additions to institutions already in operation, an act, passed April 13, 1867, provides for the erection of "an additional Lunatic Asylum" within the "Central Asylum District, but not within thirty miles of any of the existing insane asylums of the State." Trustees are, under this authority, to select a site, &c. "Said Trustees, after securing the land, shall forthwith proceed to make arrangements for building thereon suitable buildings for the care and treatment of *at least four hundred patients*, and to enable them to proceed without difficulty or embarrassment, they are hereby authorized to contract (according to the provisions of the following sections of the act) for the necessary materials, appoint suitable persons to attend to the erection of the same, &c."

In a subsequent clause $300,000 is named as the sum the building is to cost, and half of this sum was appropriated for the present year.

The trustees appointed under this act are Dr. McDermott of Dayton—the present Surgeon-General of the

State—and Messrs. Gardiner of Toledo, and Davis of Cincinnati.

They have received several propositions for proper sites, &c., but have not yet determined upon the exact location of the new institution. The whole building will be put under contract this year, and the foundations laid before winter.

Thus, by this new institution and the additions in course of erection, additional accommodations for 800 insane persons will be provided in respectable asylums, situated at the centres of convenient districts. As the present hospitals receive *all the recent cases* occurring in Ohio, the relief afforded, by the enlightened policy of the State, will be felt chiefly, if not altogether, by the chronic class who now drift into the infirmaries, and who will then resume their places side by side with their brethren, in well designed and comfortable hospitals. The State defrays the entire expense of building these institutions, and of the support and maintenance of all the inmates.

Progressive Locomotor Ataxy.—A paper in the Transactions of the New York State Medical Society contains the history, diagnosis, prognosis, and treatment of this disease, illustrated by a case which had come under the observation of the writer, Dr. S. O. Vanderpoel, of Albany, N. Y. Few cases of the disease having been described in this country, we have been anxious to complete the history of this one, and, since its termination by death, have been favored by Dr. Vanderpoel with the particulars in the subjoined note. As many of our readers may not be able to refer to the volume of Transactions containing it, we copy first that portion of the paper in which this case is detailed:

In October of last year, Mr. V———, a gentleman engaged in business in the city of New York, entered my office; his step was jerking and irregular, and his countenance indicated prolonged suffering. He came, he stated, to seek relief from severe pain, which he was suffering at irregular intervals, principally confined to the lower extremities, though at times encircling the lower part of the abdomen as a constricting band; also that the lower extremities were partially paralyzed, as evinced by an almost total loss of sensation, and irregularity of motion of those parts.

As my acquaintance with him was limited, inquiry was made as to his previous history, and the opinion expressed of his case by his physician in New York—a gentleman of some eminence in the profession. His replies, as to the early period of his affection, are condensed as follows: The first indication of any trouble in the feet was about two years since, when he found himself daily taking a seat in an omnibus or car, instead of the usual walk to business, but thought little of it at the time. Soon he could not sit comfortably with the feet resting on the ground, having an inclination to raise them; this feeling continued until he always sat with the feet on a chair before him, and the knees raised. About this time he began to feel a heaviness in the soles of the feet, and a want of sensation, which was followed by a prickling, tingling feeling. In walking he invariably stopped at a street crossing, and hesitated which foot to use in stepping off or on the curb; and if a hydrant or lamp-post were near, always put out his hand to assist himself. From that time he always used a heavy cane. The heavy, numb feeling now extended to the legs, and soon after entering the house he found the sofa or bed the most convenient place. He experienced trouble in washing, as when leaning over, and happening for the moment to close the eyes, found himself staggering backward and forward, not being able to keep his balance. He also had trouble in going about in the dark, and suffered from pain in the legs and joints, always wanting to see his feet when he had occasion to use them. In reply as to the opinion expressed by his physician in New York, he stated that it was considered the commencement of paralysis, which must be gradually progressive. Recognizing that the tableau of symptoms presented in no way answered to this diagnosis, I instituted a closer scrutiny. The intellect showed no impairment, nor were there any indications which induced me to suppose this condition imminent, as would be were it progressive paralysis. His sleep was sometimes broken from sudden and sometimes prolonged pains in different parts of the body, chiefly, how-

ever, in the lower extremities. Vision had not been affected, either from temporary paralysis of the muscles of the eye or of the retina itself. The other bodily functions were normal, or nearly so.

In order to test whether the supposed paralysis were truly such, or an anæsthesia of the parts merely, I requested him to be seated, and taking hold of the foot directed him to resist flexion and extension of the limb. There was no diminution of the muscular force. I then bade him stand upright, with the feet placed closely together, and close the eyes; the instant he did so the equilibrium was lost, and he would fall unless the eyes were promptly re-opened. I told him I considered his malady "Progressive locomotor ataxy," or more definitely a lack of muscular co-ordination.

In view of the failure of the several modes of treatment hitherto recommended for ataxy, Dr. Vanderpoel ordered in this case a scruple of bromide of potassium in two drams of Huxham's Tincture, three times daily.

The following is the note referred to:

NOTE.—Under the steady employment of bromide of potassium and comp. tinct. of bark the general health of Mr. V—— R—— improved, and the severity of the pains was very much mitigated—so much so, that after walking a short distance, and gaining a better control of the limbs, he could walk off a half mile and return. Becoming impatient to reach New York, where his business interests were urgent, he contracted pneumonia, and was for some weeks sick in that city. On his return I found the inflammation had awakened a latent tubercular deposit, and rapid softening was going on. From this period he gradually failed, and died in about six months.

The ataxic symptoms were little marked in the latter stages of the malady; though there were periods when for some days they were quite prominent. This latter circumstance was especially noticed when the pulmonary symptoms would appear to abate. The last week or two preceding his death, the limbs were almost en-

tirely useless. The immediate cause of death, however, was phthisis. S. O. V.

DR. BRIERRE DE BOISMONT ON THE IMPORTANCE OF INSANE ACTS FOR THE MEDICO-LEGAL DIAGNOSIS OF REASONING INSANITY.—The propositions set forth in this work are based upon twenty-five cases, a resume of which is given by the author in the following conclusions:

1. There is a variety of mental alienation in which the language of the patient bears every mark of reason, and to this has been given the name of reasoning insanity.

2. There are various types of this variety of alienation, the chief of which are maniacal excitement, melancholia, impulsive monomania, and alternating insanity.

3. This manifestation of insanity, which is only a symptom, may sometimes be so dominant that though the accessory, it appears to be the principal; but a prolonged observation will usually result in the discovery of other symptoms of mental unsoundness.

4. Reasoning insanity has for its positive characteristic disorder of the acts, contrasting with the sensible words, and the depraved instincts. Observation teaches us that when the mind is not over-excited or on its guard, intellectual disorder may appear in the discourse.

5. The persistency of rationality in the speech of the insane—the faculty of which this is the lofty attribute being almost indestructible—may be continued in their writings; but when these patients are under observation for a long period, the disorder shown in the acts will reveal itself in the writings also.

6. The knowledge of reasoning insanity is the more useful as regards legal medicine, because these patients are for the most part disposed to do evil. Calumnious

charges anonymously made, plots, false writings, mendacity under all its forms, dishonor, ruin and suicide; accusations of personal violence, forgery, robbery, and base proposals; homicides, arbitrary detentions by legal processes, suits for damages,—these are the acts of reasoning madmen.

7. An important differential characteristic ought to be laid down between persons of sound mind and the reasoning insane. The first, when not criminal, generally resist bad impulses, and repent when they have been led away by them. The second, not believing themselves insane, reflect but little upon what they do, and scarcely ever admit that they are blameworthy.

8. When the reasoning insane conceals his delirious conceptions and commits no injurious acts, so that the case is in doubt, the best thing that can be done is to set him at liberty, informing him that he is the arbiter of his own fate.—*L' Union Medicale*, tome XXXII.

American Medical Association.—The eighteenth annual meeting of this Association was held at Cincinnati, Ohio, May 7, 1867.

Among other valuable papers was a report of the Committee on Insanity, prepared by Dr. Isaac Ray, Chairman. In the absence of Dr. Ray, the report was read by Dr. C. A. Walker, of the Boston Lunatic Hospital. It was listened to with an interest due to the importance of the subject, and the fame of its author.

A series of resolutions respecting the chronic insane were submitted by Dr. Chas. A. Lee of New York, as follows:

"*Resolved*, That providing for the chronic insane poor in the jails and alms-houses of our country, as at present practiced in nearly all the States of the Union, is a great violation of the laws

of humanity, and contrary to the divine injunction of doing to others as we would be done by.

Resolved, That when the regular hospitals for the insane of a State are insufficient to accommodate both acute and chronic cases that are sent to them, this Association would strongly recommend the procurement of a suitable amount of land in the vicinity, and the erection of convenient, well planned and well ventilated, but comparatively inexpensive buildings, in connection with, and under the same general supervision as, the hospitals themselves, where those who are able to labor, and would be benefited by light, regulated employment may be suitably accommodated and properly cared for.

Resolved, That the example of Massachusetts in establishing asylums for the accommodation and humane treatment of the chronic insane is worthy of all praise and imitation, and, in the opinion of this Association, such institutions, if rightly inaugurated and judiciously carried on, will be a benefit to the State in an economical point of view, will raise the character of the State hospitals, and will greatly subserve the interests of the insane generally.

Resolved, That as the present insane hospitals are capable of accommodating but a small proportion of the 40,000 of the insane of the United States, and as alms-house and jail provision is not adapted to their proper care and treatment, this Association would recommend to the proper State authorities to make such further provision in the direction above indicated as may tend to the amelioration of their condition, if not the restoration of their rational and moral faculties."

These resolutions were referred to the following committee to report at the next meeting: Dr. Chas. A. Lee of New York; Dr. Richard Gundry, Dayton, Ohio; Dr. John Fonerden, Baltimore, Md.; Dr. C. A. Walker, Boston, Mass.; and Dr. W. S. Chipley, Lexington, Ky.

A Section of Psychology was organized by the election of Dr. Chas. A. Lee of New York as chairman, and Dr. H. R. Storer of Boston as secretary. The following gentlemen were recommended to the Association as a committee to report upon the subject of Insanity at the next meeting: Dr. Chas. A. Lee of New York; Dr. John B. Chapin, Canandaigua, N. Y.; Dr.

A. B. Palmer, Michigan; Dr. W. W. Jones, Ohio; Dr. H. R. Storer, Mass.

The Association adjourned to meet in Washington. D. C., on the first Tuesday in May, 1868.

Association of Medical Superintendents of American Institutions for the Insane.—The twenty-first annual meeting of this Association was held at Philadelphia, on the 21st, 22d, 23d, and 24th days of May last. An unusually large number of members attended, and the sessions were proportionably interesting.

The Association resolved to publish an official report of its proceedings, to be prepared by the Secretary. It will, we suppose, be furnished in time for publication in the next number of the Journal. The first three papers of the present number were read before the Association. By mistake, the foot-note stating this fact was not appended to the second and third.

Dr. Maudsley on the Physiology and Pathology of the Mind.—A copy of this new treatise on insanity, reprinted in an excellent style by D. Appleton & Co., New York, has been received, but too late for an extended notice in the present number. The writer is well known to our readers as one of the editors of the *Journal of Mental Science*, from whose pages we have occasionally transferred his writings. His name, and the favor with which the book has been received in Great Britain, will no doubt insure its wide circulation in this country. We hope to publish a full review of its contents in the Journal for October.

Appointment.—Dr. J. B. Andrews, late Assistant Surgeon 2nd C. V. A., has been appointed Assistant Physician at the N. Y. State Lunatic Asylum, at Utica.